

**HAWAII DOMESTIC VIOLENCE FATALITY REVIEW**

**AGREEMENT TO MAINTAIN CONFIDENTIALITY**

By signing this form, I do hereby acknowledge and agree to the following:

I agree to serve as a member of the Hawaii Domestic Violence Fatality Review (DVFR) Team. I acknowledge that the effectiveness of the fatality review process is dependent on the quality of trust and honesty team members bring to it. Thus, I agree that I will not use any material or information obtained during the DVFR Team meeting for any reason other than that which it was intended.

I further agree to safeguard the records, reports, investigation material, and information I receive from unauthorized disclosure. I will not take any case identifying material from a meeting other than that which originated in the agency I represent. Thus, I will not make copies or otherwise document/record material made available in these reviews, including electronically. I will return all material shared by others at the end of each meeting.

I understand and acknowledge that the unauthorized disclosure of confidential records, reports, investigation materials and information may result in civil or criminal liability and exclusion from the DVFR Team.

Printed Name	Signature	Agency	Date
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