DOMESTIC ABUSE DEATH REVIEW TEAM
Lucas State Office Building, 5th Floor
Des Moines, IA 50319-0075
(515) 281-5032

CONFIDENTIALITY STATEMENT

I, ________________________________ , agree to abide by
the following terms of confidentiality in participating on the Iowa Domestic Abuse Death
Review Team:

♦ Team members shall keep confidential all information and records that are confidential under
state and federal law. However, information, documents, and records otherwise available
from other sources are not immune from subpoena, discovery, or introduction into evidence
through those sources solely because they were presented to or reviewed by a team.
♦ Members of a team, persons attending a team meeting, and persons who present information
discussed in a team may not be questioned in any civil or criminal proceeding regarding
information in or opinions formed as a result of a meeting. Nothing in this subsection shall
be construed to prevent a person testifying to information obtained independently of the team
or which is public information.
♦ A member of the team shall not contact, interview, or obtain information by request or
subpoena from a member of deceased’s family, except that a member of the team who is
otherwise a public officer or employee may contact, interview, or obtain information from a
family member if necessary as part of that person’s official employment duties.
♦ In the event that any team member is contacted by an outside party for information about a
given case that is being reviewed or has been reviewed by the team, the team member will
decide to offer case-specific information.

I understand the above and agree to maintain the confidentiality of certificates, records, and other
data and that no materials will be taken from the meetings with names or other identifying
information unless directed by the team chair. I also agree to adhere to the ethical standards of
the professional discipline in which I practice.

______________________________  ________________________________
Print Name                                     Signature                                    Date

______________________________  ________________________________
Witness                                      Date

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