Agreement to	Maintain	Confidentiality
Meeting	<b>Date:</b>	

## **Richmond Family Violence Fatality Review Team**

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

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

I further agree to safeguard the records, reports, investigation material, and information I receive from unauthorized disclosure. I shall not take any case identifying material from a meeting other than that which originated in the agency or department I represent. I will not make copies or otherwise document/record material electronically or otherwise made available in these reviews. 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 Richmond Family Violence Fatality Review Team.

I further agree to refrain from representing the views of the Richmond Family Violence Fatality Review Team to the media.

PRINTED NAME	SIGNATURE	AGENCY/DEPARTMENT