Confidentiality Agreement for Invitee
Local Child Fatality Review Team for Region ________

In accordance with IC 31-22-24-6, the purpose of the Local Child Fatality Review Team is to conduct a thorough review of child fatalities that occur in (list counties and region) based on the following criteria:

The death of the child is
(1) sudden;
(2) unexpected; or
(3) unexplained;
(4) assessed by the department for alleged abuse or neglect that resulted in the fatality; or
(5) determined by a coroner in the region served by the local child fatality review team to be the result of a homicide, suicide, or accident.

In order to assure a coordinated response that fully addresses all systemic concerns surrounding child fatality cases, the Child Fatality Review Team must have access to all existing records on each child’s death. Pursuant to IC 31-33-24-6, subject to IC 34-30-15 (Privileged Communications of Health Care Provider Peer Review Committees), if the Local Child Fatality Review Team requests records from a hospital, physician, coroner, law enforcement officer, or mental health professional regarding a death that the Local Child Fatality Review Team is reviewing, the hospital, physician, coroner, law enforcement officer, or mental health professional shall provide the requested records to the local child fatality review team.

Pursuant to IC 31-33-24-13, members and invitees of the team are bound by all applicable laws regarding the confidentiality of materials received. Portions of meetings involving the discussion of confidential materials are to be held in executive session, which are closed to the public.

With these purposes in mind, I the undersigned, as a representative of the agency/department as indicated below, agree that all information secured in this review will remain confidential and will not be used for reasons other than that which was intended. No material will be taken from the meeting with case identifying information.

Signature:________________________________________
Print name:________________________________________
Agency/department:________________________________________
Date:________________________________________