NAME OF CAC

Case Review Meeting

Confidentiality Agreement / Attendance Sheet

Meeting Date: _____

As a member of the NAME OF CAC Multidisciplinary Team or invited professional with a signed release of information form from the client or the clients non-offending caregiver, I, within the bounds allowed by law, agree to maintain the strict confidentiality of all records and information on cases presented at Case Review meetings, interviews, and staffings. I further agree not to release any records or information on any child, adult, or family seen at the center, except as it relates to the legitimate program operations of my agency. I agree that no general media or public access to information will be allowed and that I will not discuss cases outside the confines of the Multidisciplinary Team with family members, friends, or other inappropriate parties that could hinder the confidentiality and privacy that we ensure for each child, adult, and family.

Name	Agency

This form must be signed by all attendees of the NAME OF CAC Multidisciplinary Case Review meeting.