Family&Children FIRST COUNCIL

Addendum C1

# Child & Family Team Confidentiality Agreement

Child's Name: _____ Facilitator: _____

*As a participant in the Service Coordination System, I will have access to client protected health information. I understand that client information shared during the Child and Family Team meeting is private and confidential. I understand that any violation of the confidentiality of client protected health information will constitute a violation of HIPPA. Also, I understand I am subject to the civil and criminal penalties defined under HIPPA if I am found to be in violation of the client protected health information. Lastly, I understand that by signing this form, I will be held to this agreement regardless of the status of my participation in the Child and Family Team meetings. We the undersigned, agree to keep confidential all personal and identifying information and records regarding the above named child and family except as otherwise provided for via separate and properly executed Releases of Information and in pending Juvenile Court or other Court action. A written summary of this meeting will be distributed to all participants upon request.*

| Print Name | Signature Agreeing to Confidentiality | Email Address Phone Number | Relationship to Family (Agency) | Date | Date | Date | Date | Date | Date |
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