

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Address

**Child Near Fatality Case Review
Confidentiality Agreement**

I, _____, have voluntarily agreed to participate in the Department of Children, Youth, and Families Child Near Fatality Case Review. I understand that in order to fully accomplish the goals of this Review, it is necessary that I be given information, both verbal and written, that is confidential pursuant to state and federal statutes and regulations.

Among the statutes that prohibit disclosure of the information is RCW 74.13.640, a Washington law that protects the confidentiality of the Child Near Fatality Review panel's deliberative process, its notes and any information submitted to the panel. The federal Child Abuse Protection and Treatment Act (CAPTA), authorizes release of confidential child abuse and neglect information and records to a child near fatality review panel, but requires panel members to maintain the confidentiality of the information and records. CAPTA, 42 U.S.C. § 5106a.

I understand the confidential nature of the information and records I will receive and I agree to maintain strict confidentiality that information, including, but not limited to information regarding the child, family, social work practice, statements made by members of the Review Committee and the overall recommendations and findings of the Review Committee.

SIGNATURE

DATE