Sample Confidentiality Statement/Meeting Sign in Sheet
Meeting Date_____

The purpose of the child death review team is to conduct a thorough review of all preventable child deaths in _____ (County or Region) in order to better understand how and why children die and to take action to prevent other deaths.

In order to assure a coordinated response that fully addresses all systemic concerns surrounding child deaths, all relevant data should be shared and reviewed by the team, as permitted by law, including historical information concerning the deceased child, his or her family, and the circumstances surrounding the death. Much of this information is protected from public disclosure by law.

PA 167 of 1997 stipulates that the child death review is confidential and not subject to the Michigan Freedom of Information Act. In no case will any team member disclose any information regarding team discussion outside of the meeting other than pursuant to the mandated agency responsibilities of that individual. Failure to observe this procedure may violate various confidentiality statutes that contain penalty. Public statements about the general purpose of the child death review process may be made, as long as they are not identified with any specific case.

The undersigned agrees to abide by the terms of this confidentiality policy.

Name	Agency
Name	Agency
Name	Agency
Name	Agency
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