



CHILD-FOCUSED TREATMENT REVIEW (CFTR) CONFIDENTIALITY AGREEMENT

State Form 57114 (R / 5-21)
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS: Please review this agreement and enter the information below. The Family Case Manager (FCM) will sign and upload this agreement to the case management system. See policy 5.24 Child-Focused Treatment Review (CFTR) for more information.

Name of child	Date of birth (month, day, year)
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By signing below, I understand this form is to be reviewed and completed by all members of the Child-Focused Treatment Review (CFTR) team to verify they agree to keep information shared during the meeting confidential. In accordance with the policies of DCS and any applicable provisions of Indiana law, I agree to keep confidential all personally identifiable information and records regarding any child who is the subject of the CFTR and any member of the child's family.

By signing below, I verify I understand:

1. As a member of the CFTR team, I will have access to confidential information about an individual's or family's involvement with the Indiana Department of Child Services (DCS);
2. The information about the child and family must remain confidential. This information may be in the form of written records or shared verbally by a member of the team;
3. I must not share or provide any of this confidential information to those who are not a member of the CFTR team, unless authorized to do so in a release signed by the child's parent, guardian, or custodian or unless required to do so in a juvenile court or other court proceeding; and
4. My access to this information is limited strictly to the information necessary to carry out my role as part of the CFTR team.

If a CFTR member's attendance is virtual, the FCM will fill out the member's information below and check the "Virtual Attendance" box for the CFTR member following verbal confirmation that the member understands and agrees to the terms of this form.

Notwithstanding the above, I acknowledge that I understand the court may be informed of the CFTR and the issues discussed. Any information about possible allegations of Child Abuse and/or Neglect (CA/N) that have not been previously assessed by DCS are required to be reported to DCS.

Printed Name of Attendee	Relationship to Child	Virtual Attendance	Signature of Attendee
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Signature of FCM	Date (month, day, year)
Printed name of FCM	Case Management System case number