



CHILD AND FAMILY TEAM (CFT) MEETING ATTENDANCE AND CONFIDENTIALITY AGREEMENT

State Form 54339 (R2 / 6-23)
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS: Please review the agreement and enter your information below. Information about absent team members may be entered and initialed by the parent on the next page. If the answer to either question is no, the facilitator will not provide them with a copy of the CFT meeting notes.

The DCS facilitator will sign and enter information in the bottom portion on the last page and upload this agreement into the case management system with the CFT meeting notes. See policies 2.06 Sharing Confidential Information and 5.07 Child and Family Team Meeting for more information.

Family team (case name)

By signing below, I understand that as a member of this Child and Family Team (CFT), I will have access to confidential information about an individual's or a family's involvement with the Indiana Department of Child Services (DCS). This information may be in the form of written records or may be shared verbally by a member of the CFT. I understand that this information about the child and/or family must remain confidential, including notes provided after the meeting is held. I understand and agree that I must not share with or provide any of this confidential information to those who are not a member of the CFT meeting process. I also understand that my access to this information is limited strictly to the information necessary to carry out my role as part of the CFT. I will not share information received at a CFT meeting concerning a child or family member with anyone, including other family members, friends of the family, or professionals who are not a part of the CFT. I understand that information obtained or shared during a CFT called by a parent is strictly excluded from release under IC 31-27-4.5-1. Notwithstanding the above, I acknowledge that I understand the court may be informed of this CFT meeting 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. I understand the family identifies and regulates members of the team, except for the DCS representative(s). CFT members are entitled to teaming notes even if absent as long as they have signed a confidentiality statement for this family and remain a member of the team.

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 a CFT meeting and any member of the child's family. I will not communicate or provide any confidential information to any other person, unless authorized to do so in a release signed by the child's parent, guardian, or custodian who designated me as a member of the CFT or unless required to do so in a juvenile or other court proceeding.

SIGNATURE OF ATTENDEE	PRINTED NAME OF ATTENDEE	RELATIONSHIP TO CHILD	MAILING ADDRESS (number and street, city, state, and ZIP code)	E-MAIL ADDRESS

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ABSENT MEMBERS				
Name	Relationship to Child	Still on the Team? * Yes / No	Signed Prior Confidentiality Statement? * Yes / No	Initials of Parent

Signature of facilitator	Case management system case number	Date (month, day, year)
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