

CHILD AND FAMILY TEAM MEETING (CFTM) ATTENDANCE AND CONFIDENTIALITY FOR LIMITED USE OF AGREEMENT FOR ACCESS TO CONFIDENTIAL DEPARTMENT OF CHILD SERVICES CLIENT / CASE INFORMATION

State Form 54339 (7-10) DEPARTMENT OF CHILD SERVICES

Family team		

By signing below, I understand that as a member of this CFTM 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 Family Team. I understand that this information about the children and family must remain confidential, including minutes provided after the meeting is held. I understand and agree that I must not provide any of this confidential information to those who are not part of this family team 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 family team. I will not share information received at a Team 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 this Team. However, any information about possible allegations of child abuse or neglect that were not previously investigated by the DCS are required to be reported to the DCS. I understand that the family identifies and regulates members of the team, except for the DCS representative. Team members are entitled to teaming notes even if absent if they have signed a prior confidentiality statement for this family.

In accordance with the policies of the 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 Team meeting and any member of the child's family. I will not communicate or provide any of that 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 Team, or unless required in a juvenile or other court proceeding.

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

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

^{*} If the answer to either question is No, DO NOT SEND NOTES TO THE ABSENT PARTY.

Signature of facilitator	ICWIS number	Date (month, day, year)