STATEMENT OF CONFIDENTIALITY FOR ADOPTION STAFFING TEAM MEMBERS (CD-135) INSTRUCTIONS

PURPOSE: This form serves as a confidentiality statement for Adoption Staffing Team members during adoption staffing. This form may also be used when a Family Support Team meeting is being used as an adoption staffing.

INSTRUCTIONS FOR COMPLETION: Each individual will enter the date their name printed, their signature and their role or relationship to the child's case when they have read and agreed to the confidentiality statement. Signatures may be obtained prior to the staffing, when information is shared via phone or email.

NUMBER OF COPIES AND DISTRIBUTION: Copies of the form may be given to participants who request it. The original should go in the child's section under Child's Recruitment Section.

INSTRUCTION FOR RETENTION: The original should be retained in the child's section under Child's Recruitment Section.

MEMORANDA HISTORY: CD16-11