

## Child and Family Team Confidentiality Agreement

Meeting Date: Facilitator: Check all that apply: <div style="margin-top: 10px;"> <input type="checkbox"/> Initial Placement Meeting  <input type="checkbox"/> Initial Case Planning Meeting  <input type="checkbox"/> Pathways to Well-Being Meeting  <input type="checkbox"/> Change of Placement  <input type="checkbox"/> GH/STRTP Placement Review  <input type="checkbox"/> Status Review/Permanency Meeting  <input type="checkbox"/> Other Meeting (list):         </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">           Mother(s) Name:             Father(s) Name:             Youth's First Name:             Youth's First Name:             Youth's First Name:             Pathways to Well-Being Enhanced Youth (check one):  <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Not Determined         </div> <div style="width: 35%;">           DSS #:              DOB:             DOB:             DOB:   </div> </div>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

### Child and Family Teaming

#### The Team Foundation

The Child and Family Team is made up of family, youth, professional partners, and natural supports working together, by sharing information, resources, and responsibilities to assess, plan, monitor and refine services over time that are needed to achieve permanency, and enable a child to live in the least restrictive family setting.

The team will openly and transparently discuss and address strengths and concerns related to safety, permanency, and well-being. The team will share in decision making about supports, services, and placements needed to help the family achieve their goals unless there is a safety issue or conflict with court orders.

Each member has unique information and perspective to share and contribute to the team decision. The sharing of knowledge and information is the most important part of the team process in order to support the family and build the best plan possible.

My signature on the following indicates I understand:

- Information exchanged, including discussions and records communicated or provided, and records created among the team shall be received in confidence for the limited purpose of providing necessary services and supports to the child or youth and family and shall not be further disclosed except to the juvenile court or as required by law. Civil and criminal penalties may apply to the inappropriate disclosure of information held by the team.
- The sharing of information with members within the team shall only be in force for the time that the child/youth, family or non-minor dependent is participating in the child and family team.

## Child and Family Team Confidentiality Agreement

- If the team determines that the disclosure of information would present a reasonable risk of a significant adverse or detrimental effect on the child's/youth's psychological or physical safety, the information shall not be released or shared.
- Testimony concerning any team meeting discussion is not admissible in any other court proceeding except for a proceeding in juvenile court having jurisdiction over the child.
- My role and responsibility in regards to the team and confidentiality.
- Each participant will receive a copy of the plan so they can follow through with agreed upon actions.
- The team members present today and those present at previous meetings who are not named as removed from the team comprise the Child and Family Team.
- This agreement applies to today's meeting and efforts that occur between members until the next meeting.

<b>Our Child and Family Team</b> (Members in <b>bold</b> are required participants)				
Present	Team Member Role	Team Member Name	Signature	Release of Information Signed/Date
<input type="checkbox"/>	<b>Parent/Guardian</b>			
<input type="checkbox"/>	<b>Parent/Guardian</b>			
<input type="checkbox"/>	<b>Youth (Optional)</b>			
<input type="checkbox"/>	<b>Caregiver</b>			
<input type="checkbox"/>	<b>PSW/Probation Officer</b>			
<input type="checkbox"/>	<b>FFA/STRTP Staff</b>			
<input type="checkbox"/>	<b>Social Worker</b>			
<input type="checkbox"/>	Protective Services Supervisor			
<input type="checkbox"/>	Mental Health Treatment Provider for the youth			<input type="checkbox"/> Date:
<input type="checkbox"/>	CASA			
<input type="checkbox"/>	Tribal Representative			
<input type="checkbox"/>	Education Representative			<input type="checkbox"/> Date:
<input type="checkbox"/>	Other Service Provider			<input type="checkbox"/> Date:
<input type="checkbox"/>	Other Service Provider			<input type="checkbox"/> Date:
<input type="checkbox"/>	Other Support:			<input type="checkbox"/> Date:
<input type="checkbox"/>	Other Support:			<input type="checkbox"/> Date:
<input type="checkbox"/>	Other Support:			<input type="checkbox"/> Date:

Previous members no longer part of the team (since the last Confidentiality Agreement was signed):

Previous Team Member Role	Previous Team Member Name	Date Left the Team

**Child and Family Team  
Confidentiality Agreement**

--	--	--

**\*If a required team member was not in attendance document why and note efforts made and/or plan to ensure their participation:**

Copies of this document were provided to all attendees on:                      by: