AGREEMENT TO KEEP INFORMATION CONFIDENTIAL

By signing this agreement, I agree and understand that:

1. The Chairperson of the Child Protection Team has discussed with me the tribal and federal legal requirements for keeping information confidential.

2. I understand that confidentiality means that I cannot discuss any matter pertaining to any child abuse and/or neglect case that I review as part of the Child Protection Team, except as allowed by law.

3. I understand further that the legal requirements of confidentiality mean that I cannot discuss any matter pertaining to Child Protection Team referrals with any member of my family including parents, children, spouse, aunts, uncles, cousins, or with any other person unless they are allowed access to such information by law.

4. I also understand that if I do not keep Child Protection Team referrals confidential, I am subject to termination of my job or other discipline as allowed by tribal or federal law.

________________________________________
Signature of Employee

________________________________________
Date

________________________________________
Signature of Witness

________________________________________
Date