Family & Children FIRST COUNCIL

Youth & Family Team Confidentiality Agreement

Youth's Name: _____

Instructions: All members of the Youth & Family Team will begin every meeting by signing this confidentiality agreement. Youth & Family Team meetings are to be held quarterly at a minimum (coinciding with updating Strengths & Needs Assessment) or more frequently as necessary. A written meeting summary is available upon request.

As a participant in the Service Coordination process, I will have access to youth and family protected health information. I understand protected health information shared during the Youth and Family Team meeting is private and confidential. I understand any violation of the confidentiality of protected health information will constitute a violation of HIPPA. I understand I am subject to the civil and criminal penalties defined under HIPPA if I am found to be in violation of protected health information. I understand by signing this form, I will be held to this agreement regardless of the status of my participation in the Youth & Family Team meetings.

We, the undersigned, agree to keep confidential all personal and identifying information and records regarding the above named youth and family except as otherwise provided for via separate and properly executed Releases of Information and in pending Juvenile Court or other court action.

Printed Name	Signature Agreeing to Confidentiality	Relationship to Family Agency	Date	Date	Date	Date	Date	Date