



CONFIDENTIALITY STATEMENT
CHILD FATALITY STATE, LOCAL REVIEW TEAMS AND RESEARCHERS

I, _____, agree to abide by Arizona Revised Statute (ARS) 36-3503 and the intent of Arizona Department of Health Services Rules R9-19-409, R9-19-410 and R9-19- 411 to protect the confidentiality of the records, the privacy of the person(s) named therein and the privacy of the family of said person(s).

ARS 36-3503, concerning the duties of the Child Fatality Review Team states:

All information and records acquired by the State Team or any state sanctioned Local Team are confidential and not subject to subpoena, discovery or introduction into evidence in any civil or criminal proceedings, except that information, documents and records otherwise available from other sources are not immune from subpoena, discovery or introduction into evidence through those sources solely because they were presented to or reviewed by a team.

Members of a team, persons attending a team meeting and persons who present information to a team may not be questioned in any civil or criminal proceeding regarding information presented in or opinions formed as a result of a meeting. Nothing in this subsection shall be construed to prevent a person from testifying to information obtained independently of the team or which is public information.

A member of the state or local Child Fatality Review Team shall not contact, interview or obtain information by request or subpoena from a member of a deceased child's family, except that a member of the State Team or a Local Team who is otherwise a public officer or employee may contact, interview or obtain information from a family member if necessary, as part of the public officer's or employee's other official duties.

A person who violates the confidentiality provisions of this section is guilty of a Class 2 Misdemeanor.

I understand the above and agree to maintain the confidentiality of certificates, records and other data. Additionally, I understand that no materials will be taken from the meetings with name(s) or other identifying information.

PRINTED NAME _____

SIGNATURE _____ DATE _____

WITNESS _____ DATE _____