Confidentiality Agreement and Record of Participation
Child and Family Team/ Treatment Team Meeting

Meeting Date:_____ Meeting Site: _____

Through their signatures, the undersigned acknowledge and agree that the privacy of children and their families should be strictly maintained. This agreement specifically includes that:

1) Information learned through this Child and Family Team/ Treatment Team Meeting is confidential and may not be shared outside the team meetings unless appropriate releases are completed, there is a need for a mandatory report by legal statute, or there is a threat to harm self or others.
2) If CFT/TT members keep personal notes or files, that contain confidential information, such notes are protected by confidentiality rules and must be safeguarded.
3) CFT/TT members may share information obtained in the CFT/TT process with their home agency on a need-to-know basis regarding a current client, referred case or system improvement.
4) A breach of confidentiality may have legal consequences. Any CFT/TT member or invited participant who receives client information during the CFT/TT process and fails to comply with the rules of confidentiality may be denied further participation on the Child and Family Team/Treatment Team.
5) Child and Family Team/Treatment Members will abide by all mandatory reporting laws for abuse and neglect.

Name (Signature)	Representing	Contact Number

Child and Family Team (CFT)/Treatment Team (TT) Meeting
For

_____

Date: _____

Location: _____

Facilitator: _____

Attendees: _____

_____

_____

Meeting Purpose:

_____

_____

_____

Identified Strengths:_____

_____

_____

Identified Needs/Concerns:_____

_____

_____

Strategies to address needs/concerns:_____

_____

_____

_____

Crisis Plan Updated: _____

Members Rights reviewed: _____

Natural Supports Updated: _____

List of Medications: _____

Next Psychiatric appt set for _____ **at** _____**a.m. at** _____.

Next CFT meeting set for _____ **at** _____**a.m. at** _____.