

Illinois Child Death Review Teams Executive Council

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Tamara Skube
CDRT Executive Director
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CHILD DEATH REVIEW TEAMS CONFIDENTIALITY STATEMENT TEAM MEMBERS

I, _____, acknowledge that as a member of a DCFS Child Death Review Team for the Department of Children and Family Services, I will have access to confidential information such as child welfare records, child abuse and neglect records, court documents, law enforcement records, autopsy and medical examiner reports, mental health records, hospital and medical reports and other information relevant to the duties of the Child Death Review Team. In order to assure a coordinated multidisciplinary report that addresses all systematic concerns surrounding child fatalities, Child Death Review Team members must have access to all existing records on each child death. Pursuant to the Illinois Child Death Review Act (20 ILCS 515/1 et seq.) and other Illinois law referred to therein, I agree that I shall not disclose any such confidential information to any unauthorized person. In addition, I acknowledge that I have read and will adhere to the confidentiality provisions of DCFS Rule 431 (89 Ill. Adm. Code 431) and DCFS Procedure 431 (available at <http://dcfswebresource.dcf.illinois.gov/>)

I understand that Illinois law provides that it is a Class A Misdemeanor to permit, assist, or encourage the unauthorized release of information contained in child abuse/ neglect records or any information generated as a result of the initial report, or to knowingly or willfully violate the provisions of the Mental Health and Developmental Disabilities Confidentiality Act concerning confidential mental health records and communications.

I also acknowledge that I have received a copy of the Illinois Child Death Review Teams Best Practices and Protocol for the Multi-disciplinary Review of Child Deaths. I have read the best practices and protocol, and I understand the roles and responsibilities of the teams and the members.

Name (print): _____

Signature: _____

Date: _____

CDR Team: _____