

Quality Service Review

***CONFIDENTIALITY/LIMITED USE AGREEMENT
FOR ACCESS TO CONFIDENTIAL CHILD AND FAMILY CASE INFORMATION***

I, the undersigned, _____, understand that in the course of my involvement in the Quality Service Review (QSR) I will have access to information about an individual or a family's involvement with the child welfare system that is confidential. This information may be in the form of written-records or may be shared verbally through the interview process. I understand that this information about the children and families must remain confidential pursuant to state law. I understand and agree that I must not provide any of this confidential information to those who are not part of the Quality Service Review process. I also understand that my access to this information is limited strictly to such access as is necessary to carry out my role as a QSR reviewer. I will not, for example, share information with other family members, friends of the family or professionals who are not a part of this process.

By signing this agreement I acknowledge that I have read this statement and agree to its terms.

Signed by: _____,

Please print name: _____

Date: _____

Witness: _____

Reminder: Confidentiality Forms to be turned in to CQI Project Managers