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Community Policy & Management Team
Timothy Beard, Chair

Family Assessment & Planning Team
Carolyn Lilly, Chair

CSA Coordinator
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Confidentiality for Virtual Meetings / Tele Conferences/ In-person

By attending this meeting, I, _____, agree to maintain as

Your Name

confidential and privileged, any information required to be so kept under applicable law, regulation, rule, statute or ordinance to include but not limited to HIPPA, (collectively "Law"). I further agree that by participating I am certifying that I will attend the meeting in a secure location where no one other than myself will be privy to the happenings or communications discussed at such meeting. I agree not to record such meeting, unless specifically required to do so by Law."

§ 2.2-5210. Information sharing; confidentiality

All public agencies that have served a family or treated a child referred to a Family Assessment and Planning Team (FAPT) shall cooperate with this team. The agency that refers a youth and family to the team shall be responsible for obtaining the consent required to share agency client information with the team. After obtaining the proper consent, all agencies shall promptly deliver, upon request and without charge, such records of services, treatment or education of the family or child as are necessary for a full and informed assessment by the team.

Proceedings held to consider the appropriate provision of services and funding for a particular child or family, or both, who have been referred to the Family Assessment and Planning Team and whose case is being assessed by this team or reviewed by the Community Policy and Management Team (CPMT) shall be confidential and not open to the public, unless the child and family who are the subjects of the proceeding request, in writing, that it be open. All information about specific children and families obtained by the team members in the discharge of their responsibilities to the team shall be confidential.

Demographic, service and cost information on youths and families receiving services and funding through this chapter that is of a non-identifying nature may be gathered for reporting and evaluation purposes.

I have read, understand and agree to abide by this statute on confidentiality and all other laws and regulations pertaining to confidentiality of persons served.

Signature

Date