

## CONFIDENTIALITY STATEMENT

I UNDERSTAND and AGREE that in the performance of my duties as a stakeholder participating on a child welfare CFSR Review, I must hold any information regarding clients and records in confidence. I understand that all confidential information is protected by federal regulations (42 and 45 CFR, Part II).

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Purpose of Visit