

## 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).

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Print Name

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Signature

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Date

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Organization

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Witness Signature

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Date

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Purpose of Visit