I acknowledge the purpose of the Stark County SART Case Status Update is to bring together SART partners who have a direct and legitimate interest in the case(s) to be reviewed. Cooperation between these individuals and sharing of sensitive case information is necessary to coordinate a survivor-centered response within the criminal justice system. My signature affirms my commitment to maintain the confidentiality of all information including but not limited to identity of parties, nature of allegations, results of examinations and treatment, or investigative findings in accordance with HIPAA. I am also fully aware that I am strictly forbidden from discussing, transmitting, or narrating such highly confidential information in any form, except in the routine procedure of case discussion within and between other members of the collaboration and our meetings, or as otherwise permitted by law. My presence at this review meeting is voluntary, and can be withdrawn at any time during the case discussion or at any time afterward if I fail to maintain confidentiality.

 Date: \_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_ Location: The Goodwill Building

|  |  |  |
| --- | --- | --- |
| **Name** | **Signature** | **Agency Representing** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Name** | **Signature** | **Agency Representing** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |