

MULTI-AGENCY SIGN IN SHEET

Meeting Title: Franklin County Fetal-Infant Mortality Review (FIMR) Case Review Team Meeting

Date: _____

Facilitator(s): Lauren Rose-Cohen, RN

Time: _____

Program Name: Franklin County Fetal-Infant Mortality Review (FIMR)

Division: Family Health Division

Phone: 614-645-6537

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By signing this attendance sheet, I reaffirm my commitment to the Franklin County FIMR Confidentiality Agreement which instructs me to:

1. Protect and secure all FIMR information in their possession.
2. Dispose of case summaries received via electronic transfer by deleting these documents from their computer and shredding any hard copies or returning hard copies to FIMR staff in an envelope marked "confidential."
3. Refrain from discussing individual cases, case review findings or any other aspect of FIMR outside of the CRT meeting, including with the media (web-based, print, television, radio, etc.).
4. Refrain from naming any individuals associated with the case—including decedents, family members, providers and institutions—if I recognize an individual in a de-identified case abstract.
5. Refrain from sharing anecdotal information about the case.