Franklin County Fetal-Infant Mortality Review (FIMR)

confidentiality agreement

Fetal-Infant Mortality Review is an action-oriented process which examines local infant mortality issues through the de-identified case review of fetal and infant deaths in order to improve service systems for women, infants, and families.

As a FIMR Case Review Team (CRT) team member, I pledge to:

1. Protect and secure all FIMR information in my possession.
2. Dispose of case summaries received via electronic transfer by deleting these documents from my 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.
6. Disclose any breaches in confidentiality to the FIMR Coordinator as soon as they come to my attention.

By signing below, I agree to keep case information and CRT discussions strictly confidential. If I have questions about sharing any information about a case or CRT discussions, I will defer to the guidelines set out in the Columbus Public Health FIMR Confidentiality Policy and/or discuss them with the FIMR Coordinator.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Print Name Date*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Title*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Institution*

*lrc/nb100714*