Iowa Department of Human Services

**Family Team and Youth Transition  
Decision-Making**

**Meeting Agreement on Confidentiality**

*A release of information form should be completed with the family for the purpose of a family team decision-making or youth transition decision-making meeting only.*

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| --- | --- |
| Family/Youth Name | Facilitator Name and Approval Number |
| Date | Location |

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| --- |
| Pursuant to the confidentiality provisions of the Code of Iowa, we the undersigned, agree to keep confidential all personal and identifying information and records regarding the above named child and family except as otherwise provided for via separate and properly executed Releases of Information and in pending juvenile court or other court action.  The plan developed at the Family Team Decision-Making meeting or Youth Transition Decision-Making meeting will be shared with DHS and its contractors, the juvenile court, and legal parties to the Child in Need of Assistance (CINA) case and others present as identified by the family or youth. |

| **Signature of Agreement on Confidentiality** | **Print Name, Address, Phone Number, and Email** | **Relationship** | **Date** |
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