



**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
CONNECTICUT MATERNAL MORTALITY REVIEW COMMITTEE**

CONFIDENTIALITY AGREEMENT

By signing this agreement, you confirm that you understand and will adhere to the following:

1. All information and case summaries are to be regarded as confidential. As a committee member or observer, you agree to:
 - Protect and secure information in your possession;
 - Not discuss or share information about individual cases, data or committee decisions outside of the Maternal Mortality Review Committee;
 - Not forward, photocopy, distribute or share case summary information with any other individual; and
 - Delete all electronic copies of case summaries following each meeting.
 - Shred all copies of printed case summaries and notes following each meeting.
2. Understand that all MMRC members must abide by the Health Insurance Portability and Accountability Act's (HIPAA) Privacy Rule when engaging in case review discussions. This rule requires appropriate safeguards to protect the privacy of personal health information and sets limits and rules regarding the release of information without patient consent.
3. Shall not discuss or share information about the CT Maternal Mortality Review Committee, the case review process, data, case review findings or any other aspect of the CT Maternal Mortality Review Committee with the media or through any other presentations.
4. Refrain from naming individuals (including family members, providers or institutions) or sharing anecdotal information about them during the Committee meetings should you recognize the case.
5. Always maintain your video camera on during the MMRC meetings and be in a location that is private and not accessible to others.
6. Understand that all information provided by the department to the maternal mortality review committee shall be subject to the provisions of section 19a-25 of the general statutes.
7. Acknowledge that you have read CT General Statutes section 19a-25 and sections 19a-25-1 through 19a-25-4 of the Regulations of CT State Agencies concerning confidentiality of records reviewed by the MMRC and have been advised that DPH can take necessary action if a breach of confidentiality occurs.
8. Acknowledge receipt of and agree to comply with the CT MMR Policies and Procedures.

Name (print):

Title:

Signature:

Date: