

Attachment One (1)

CDV Fatality Review Team Agenda
March 19, 2018

Contents: Confidentiality Agreement

**Nevada Office of the Attorney General
Committee on Domestic Violence
Fatality Review Team (FRT) Subcommittee
Confidentiality Agreement**

The purpose of the State of Nevada, Office of the Attorney General, Committee on Domestic Violence, (FRT) Fatality Review Team Subcommittee is to review selected cases of domestic violence related deaths pursuant to the provisions of NRS 228.495 through NRS 228.497. All information shared during case review is confidential and cannot be used for any purpose other than the review itself. As a condition of participation, the undersigned agrees to the following:

1. SCOPE OF PARTICIPATION. Pursuant to the provisions of **NRS 228.495**, the undersigned may share with the FRT information concerning the victim who is the subject of a review or any person who was in contact with the victim and any other information pertinent to the review.

2. TREATMENT OF INFORMATION SHARED; CONFIDENTIALITY.

a. Pursuant to the provisions of **NRS 228.495(4)**, any information shared by and between the FRT and the undersigned is confidential.

b. The undersigned shall keep confidential all information, in whatever form, produced, prepared, observed or received through participation in the FRT as required by **NRS 228.495(4) and (7)**.

c. The undersigned shall return any materials received through participation in the FRT to ensure compliance with **NRS 228.495 (4) and (7)**.

d. The undersigned acknowledges that pursuant to **NRS 228.495(7)**, each member of the FRT who discloses any confidential information concerning the death of a child is personally liable for a civil penalty of not more than \$500.

3. EARLY TERMINATION. Participation by the undersigned may be terminated by the Attorney General with or without cause prior to the conclusion of a case review. In the event of early termination the provisions of paragraph (2) survive termination

IN WITNESS WHEREOF, the parties hereto have caused this Confidentiality Agreement to be signed and intend to be legally bound thereby.

Participant [NAME] _____ :

BY: _____
Signature Title/Agency Date