



Child Fatality Review Case Reporting System
Confidentiality Agreement

By signing this Agreement, I agree to the following when I access any and all components of the *Child Fatality Review Case Reporting System*:

1. I will comply with all laws, regulations, policies and procedures as set by the State of Missouri.
2. I will safeguard the confidentiality of all confidential information to which I have access. I will not carelessly handle confidential information. I will not in any way divulge, copy, release, sell, loan, review, alter or destroy any confidential information except as within the scope of my duties.
3. I will only access confidential information for which I have a need to know and I will use that information only as needed to perform my duties.
4. I will safeguard and will not disclose my user name and password unless authorized by the state administrator of the reporting system. I understand that my user name and password allows me to access confidential information for my team on the *Child Fatality Review Case Reporting System*. I understand that the State administrator may revoke my access to the data system if my responsibilities change.
5. I will promptly report activities by any individual or entity that I suspect may compromise the availability, integrity, security, or privacy of confidential information.
6. I understand that the ownership in any confidential information referred to in this Agreement is defined by State statute.
7. I understand that violating applicable laws and regulations may lead to other legal penalties imposed by the judicial system.

Signature: _____ **Date:** _____

Print Name: _____ **Email:** _____

Mailing Address: _____

Phone: _____ **Fax:** _____ **County:** _____

Once completed, mail original to: MO Dept. of Social Services – STAT
ATTN: Administrator
PO Box 208
Jefferson City, MO 65102-0208