

**Multidisciplinary Team & Child Advocacy Center**

**Confidentiality Agreement**

**As a professional person attending a \_\_\_\_\_  
Multidisciplinary Team meeting, I understand that I am required to keep  
information, including the names, about the cases and individuals  
confidential. I understand that if I permit or encourage the unauthorized  
dissemination of the contents of any reports, I will be guilty of a  
misdemeanor.**

**Meeting Date:** \_\_\_\_\_

**Meeting Location:** \_\_\_\_\_

**Signature of Attendees:**

<b>Name</b>	<b>Signature</b>