DBHDS MORTALITY REVIEW COMMITTEE
CONFIDENTIALITY AGREEMENT

The purpose of the Department of Behavioral Health and Developmental Services (DBHDS) Mortality Review Committee (MRC) is to contribute to system-wide quality improvement by conducting mortality reviews of deaths of individuals with a developmental disability, including intellectual disability, receiving services from a provider licensed by DBHDS or in a training center or other state facility at the time of death. The MRC reviews and analyzes mortality data to identify trends, patterns, and problems at the individual service delivery and systemic levels, makes recommendations for, and develops and implements quality improvement initiatives, to reduce mortality rates to the fullest extent practicable.

Mortality reviews are conducted in accordance with Virginia Code § 37.2-314.1. Portions of meetings in which individual death cases are reviewed by the MRC are closed pursuant to Virginia Code § 2.2-3711(A) (21). In addition, the information, records, discussion, and opinions disclosed during meetings at which the MRC reviews a specific death are confidential. Pursuant to Virginia Code § 37.2-314.1, members of the MRC and any person presenting information or records on specific deaths shall sign an agreement to maintain this confidentiality.

To assure the maintenance of such confidentiality, and in accordance with Virginia law, I execute the following statement:

I the undersigned, as a representative of: *(facility name that member is an agent of)*

_____,
agree and affirm that I shall not divulge any information, record, discussion, or opinion disclosed during any mortality review. I shall keep such information, records, discussions, and opinions confidential and shall not use them for any purpose or in any manner other than required and permitted by Virginia Code § 37.2-314.1. I understand and agree that my failure to keep any such information, record, discussion, or opinion confidential is a violation of Virginia Code § 37.2-314.1 punishable as a Class 3 misdemeanor.

_____
Print Name

_____ Date _____
Signature