

CONFIDENTIALITY STATEMENT FOR THE MULTIDISCIPLINARY
MATERNAL MORTALITY REVIEW COMMITTEE

The purpose of the Maternal Mortality Review Committee is to conduct a full examination of all pregnancy-associated deaths (both pregnancy-related and non-pregnancy-related) in <_____>. In order to assure a coordinated response that fully addresses all systemic concerns surrounding a particular incident, the Maternal Mortality Review Committee must review all pertinent information on each death. This includes reviewing de-identified autopsy reports, coroner's reports, law enforcement reports, hospital and prenatal care records, and other information that may have a bearing on the involved family. The records provided to Maternal Mortality Review Committee members will be de-identified of the Health Insurance Portability and Accountability Act (HIPAA) identifiers listed in the Maternal Mortality Review Policies and Procedures.

With this purpose in mind, I the undersigned, as a representative of

agree to all of the following:

- I shall maintain the confidentiality of all information secured and discussed in the maternal mortality review, and I will not use the information provided for reasons other than maternal mortality review;
- I will not take materials with case identifying information from the meetings; and
- I will not discuss confidential Review Committee information outside of a Review Committee meeting with individuals who are not part of the Maternal Mortality Review Committee.

Print Name

Signature

Date