**KENTUCKY MATERNAL MORTALITY REVIEW (MMR) COMMITTEE**

**CONFIDENTIALITY AGREEMENT**

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 Kentucky. 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, as well as 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 will refrain from speculation about the identity of the case (mother, family, providers and/or agencies) before, during or after the meeting, even when I may recognize an aspect of the case.

 I shall maintain the confidentiality of all information secured and discussed in maternal mortality review and I will not use the information provided for reasons other than maternal mortality review. I will refrain from disclosing any specific findings from the review team meetings or team discussions.

 I will not take materials with case identifying information from the meetings. I will not photocopy or duplicate data or case summary information.

 I will not discuss confidential information outside of a MMRC meeting with individuals who are not part of the Maternal Mortality Review Committee.

 I will refrain from speculation about the identity of the case (mother, family, providers and/or agencies) before, during or after the meeting, even when I may recognize an aspect of the case.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Print Name*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Date*