

Medina County Department of Human Services
Family Conference Confidentiality Statement



Family Name: _____

Date: _____

I, _____ a designated team member for the above named family, give permission for video and/or audio tape recording of the family group conference. I understand that the recordings made during the family group conference will be used for training and professional education purposes only.

Mother/Guardian Date

Father/Guardian Date

Other Date

Pursuant to Ohio Revised Code Section 2151.421 and Ohio Administrative Rules 5101:2-34-38 I, _____, agree to respect the privacy and confidentiality of the child/children and their families involved in the family group conference. I further agree to never discuss anything revealed within the context of the family group conference with anyone other than those persons designated as family group conference team members.

I understand that those participating in the family group conference have agreed to respect the confidentiality of all other designated family group conference members.

Mother/Guardian Date

Father/Guardian Date

Other Date