



Tennessee Department of Children's Services

# Confidentiality Agreement for Full Disclosure

The Department of Children's Services wants to respect the need \_\_\_\_\_ has expressed to review  
(Name)

copies of case records that pertain to a child in custody and/or guardianship of the department in order to make an informed decision about potential adoption of the child, which includes finding out what happened to the child during the child's stay in foster care, and has agreed to do so, providing that \_\_\_\_\_ agrees to this confidentiality agreement.

\_\_\_\_\_  
(Name) agrees that the records of the Department of Children's Services are confidential and are not to be disclosed by her/him for any reason.

\_\_\_\_\_  
(Name) understands and agrees that the Department of Children's Services, for the purposes of full disclosure, is not required to make the full records covering the child's stay in the department's custody and/or guardianship available and may not be able to release some protected information.

It is \_\_\_\_\_'s expressed need to understand what is in the record covering the child's stay in  
(Name) the custody of the Department of Children's Services in order to make an informed decision about the potential adoption of the child and her/his agreement to keep the information and records and any verbal information confidential that has resulted in that record being made available to her/him.

Based on the foregoing, the needs expressed by \_\_\_\_\_, and her/his agreement to maintain the strict  
(Name) confidentiality of the records and any verbal information being provided to her/him, the Department of Children's Services has agreed to provide a copy of documents necessary for full disclosure to her/him that contain information about the child's history and stay in the custody and/or guardianship of the Department of Children's Services to her/him.

\_\_\_\_\_  
(Name) further agrees that she/he will insure that the records are kept safely and securely so that no other unauthorized person has access to the records. She/He agrees that in the event she/he can no longer keep the records in a manner that will prevent their disclosure or others from having access to them that she/he will return the records to the Department of Children's Services immediately. She/He agrees that she/he will not further copy, make available, summarize or in any way disclose either directly or indirectly the copies of the record being provided to her/him or the information contained therein, or any verbal information provided during full disclosure.

In consideration thereof, the Department agrees to make the Department of Children's Services records covering the stay of \_\_\_\_\_ while she/he was in the custody of the Department of Children's Services  
(Name)

available to \_\_\_\_\_ for the sole purpose of allowing \_\_\_\_\_ to review  
(Name) (Name)

those records for the purpose of full disclosure so that she/he can understand what is contained in that record and make an informed decision concerning adoption of the child.

This agreement between \_\_\_\_\_ and the Department of Children's Services is evidenced by  
(Name)

the signature of \_\_\_\_\_ and counsel for the Department of Children's Services, which are set forth below:  
(Name)

Agreed to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_:

\_\_\_\_\_  
Person Reviewing the Record

\_\_\_\_\_  
Person Reviewing the Record

\_\_\_\_\_  
Person Reviewing the Record

\_\_\_\_\_  
Person Reviewing the Record

\_\_\_\_\_  
Person Providing Full Disclosure

\_\_\_\_\_  
Person Providing Full Disclosure

\_\_\_\_\_  
Person Providing Full Disclosure

\_\_\_\_\_  
Person Providing Full Disclosure

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