

FAMILY SUPPORT TEAM MEETING SIGN-IN/CONFIDENTIALITY STATEMENT, FST-1 INSTRUCTIONS

Purpose:

This form serves as a confidentiality statement and a sign in sheet for Family Support Team Meetings. It also documents participant's agreement regarding confidentiality as well as their agreement with the Written Service Agreement developed during the meeting.

Instructions for Completion:

- Enter the family's name
- Enter the date of the meeting
- Indicate whether or not the meeting is a PPRT
- Enter the names of individuals invited to attend to a family support team meeting
- Enter the participant's relationship to the family
- Ask Participants to read the confidentiality statement
- Have participants sign the form across from their name signifying that they are in attendance and they are in agreement with the confidentiality statement
- At the close of the Family Support Team Meeting, have participants check the appropriate "yes" or "no" box to indicate whether they are in agreement with the Written Service Agreement developed by the Team
- If they are not in agreement with the plan, document the nature of a participant's disagreement in the bottom section of the form.

Number of Copies and Distribution:

At the close of the meeting provide copies of the form to participants who request it. The original should go in the case record.

Instructions for Retention:

This form is to be maintained in the case record.

Memoranda History: [CD05-72](#), [CD10-17](#)