

**MONTGOMERY COUNTY
HUMAN SERVICES PLANNING & DEVELOPMENT DEPARTMENT**

FCFC SERVICE COORDINATION COLLABORATIVE MEETINGS

Date: _____

REAFFIRMATION OF CONFIDENTIALITY STATEMENT

The undersigned acknowledge that by meeting as a collaborative team, access has been afforded to confidential information of the involved agencies. Further, the undersigned acknowledge that all discussions, records, and reports produced during or as a result of these meetings are confidential and not subject to disclosure under Ohio law and rules. Therefore, the participating agencies and their representatives agree not to discuss in any manner whatsoever any information discussed during the meetings or contained in any agency reports without expressed written authorization of that agency or system.

The undersigned further acknowledge that unauthorized disclosure discussed or contained in any of the above named may result in civil or criminal liability.

PRINTED NAME

SIGNATURE

AGENCY

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