STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES
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BILL LEE
GOVERNOR

DANIELLE W. BARNES
COMMISSIONER

As a member of the Adult Protective Services (APS) Committee Name , I will be serving the Tennessee Department of Human Services (TDHS) in an advisory capacity. I will be reviewing case information related to adults who were receiving Adult Protective Services. This information is confidential, protected by Tennessee state law, and I agree to maintain confidentiality as required under Tennessee Code Annotated (T.C.A.) § 71-6-103(j)(5), T.C.A. 71-6-118, and T.C.A. § 71-6-125(e)(2).

I hereby understand and agree that I have a legal obligation to not disclose any confidential information obtained from my participation on the , and that I shall not share such information with any person(s) other than other members, as required under applicable law. Any transfer of information from the to an agency or person must be approved by TDHS staff.

I further understand and agree that I have an obligation in connection with any communications or meetings, in which I am a participant, to:

a) review the names of alleged victims, facility, provider or caregiver which may be subject to discussion to determine if I have a family or other relationship with such person(s);

b) disclose any knowledge and/or relationship I have or had with the alleged victim, facility, provider or caregiver by advising the APS Supervisor prior to the meeting of such knowledge and/or relationship(s); and

c) decline participation in any proceedings if I believe that my knowledge and/or relationship with such person)s) constitutes a potential personal or professional conflict of interest or my obligation to serve in a fair and impartial manner could be compromised.

I, Member Name , have read, understand and agree to all terms set forth in this Agreement.

Signature Date

APS Supervisor Signature (if applicable) Date