# Interdisciplinary Team (I-Team) of County Member Agreement-2019

Our interdisciplinary team (I-Team) is a group of selected professionals from a variety of disciplines who meet to increase awareness of elder/adult-at-risk abuse within County. As a result of the increased awareness in our communities, we are able to better identify and report elder/adult-at-risk abuse to the lead elder abuse agency, Aging & Disability Resource Center of County. Through our quarterly meetings we are able to build collaborative relationships to better coordinate the efforts of the various agencies to protect and provide services to our vulnerable elder/adult-at-risk citizens.

As a member of this I-Team I agree to:

1. Refrain from bringing guests to I-Team meetings. Members of the I-Team are chosen by the I-Team Coordinators and join by invitation only.
2. Continually learn about the problems of elder/adult-at-risk abuse and neglect and how to respond to concerning situations.
3. Act as a sounding board for case workers and provide my processional perspective on problems, abuse and neglect situations.
4. Engage in telephone consultations on a needed basis.
5. Assist in educating my profession and public about elder/adult-at-risk abuse and neglect throughout County to the extent possible;
6. Respect and maintain the confidentiality of information pertaining to client case presentations.
7. Understand that I represent and agency on the I-Team and that this agreement will become void when I am no longer associated with that agency.
8. Contact an I-Team coordinator if I would like to make and educational presentation to the I-Team or suggest an educational speaker.

Signature of I-Team Member Date

# I-Team Member Statement of Confidentiality- ;

I understand and fully acknowledge the high degree of importance of exercising discretion and maintain confidentiality regarding all information to which I am exposed as a member of the I-Team of County.

In the regular course of my membership on the County Elder/Adult­ At-Risk Interdisciplinary Team, I recognize that I may have access to client information that is personal, financial, medical or other. I am also fully aware that I am strictly forbidden from discussing, transmitting or narrating such confidential information in any form, except in the routine procedures of case discussing within and between other Interdisciplinary Team members and our meetings or as otherwise permitted by law.

Signature of I-Team Member Date

PRINT name of I-Team member

Agency represented by the above signed person