

Model Interdisciplinary Team Agreement

The goal of the [county name] County Elder Abuse Interdisciplinary Team (I-Team) is to advise adult protective services providers in planning for comprehensive services to vulnerable elders who are abused, neglected or exploited; to coordinate the community service delivery system; and to work with I-Team members and other local agencies to provide and implement care plans for victims of elder abuse, neglect and exploitation.

As a result of participation on the [county name] County Elder Abuse I-Team, team members may have access to personal client information related to the client's financial situation, medical condition or other private matters.

I-Team Participation and Confidentiality Agreement

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

1. Commit the time to fully participate.
2. Attend the required training developed for members.
3. Attend monthly I-Team meetings for a period of one year, except where an unavoidable conflict occurs. Whenever possible, I will give advance notice to the I-Team Coordinator when my absence is anticipated.
4. Learn as much as possible about the problem of elder abuse, neglect and exploitation and how to respond to its victims.
5. Provide my professional opinion and advice on how to proceed with the cases presented and attempt to find the answers to questions in my field of expertise.
6. Engage in telephone consultations on an emergency basis.
7. Advise and assist in the development and implementation of procedures designed to integrate the efforts of the I-Team and other local agencies.
8. To the extent possible, assist in educating my profession and the public about the problem of elder abuse and the elder abuse program in our county.
9. Advocate for better alternatives for older persons in need of adult protective services.
10. Respect and maintain the confidentiality of all clients in the elder abuse system.

I understand and fully acknowledge the high degree of importance of exercising discretion and maintaining confidentiality regarding all information to which I am exposed as a result of being affiliated with the [county name] County Elder Abuse Interdisciplinary Team (I-Team).

I am 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 discussion within and between other I-Team members and our meetings, or as otherwise permitted by federal and state law.

I will immediately notify the I-Team coordinator of any suspected or actual violations of confidentiality. Further, I understand if I knowingly and intentionally violate any confidentiality provisions, the Agreement will terminate and I no longer will be a member of the I-Team.

The confidentiality provisions of this agreement will survive the termination or expiration of this agreement.

I also understand that if I serve on the I-Team as designee for an agency or organization, this agreement will terminate at the time I am no longer associated with the agency or organization I represent.

I-Team Member (Print)

Provider Agency Representative

I-Team Member (Signature)

Phone Number

Name of Member Agency (Print)

Agency Address