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Governor

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Secretary



**State of Wisconsin**  
Department of Health Services

**Division of Public Health**

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**Guest Pledge of Confidentiality**

As a guest of the Wisconsin Maternal Mortality Review Team (MMRT), I willingly agree to adhere to the following terms:

**I agree that all information related to the MMRT project is confidential and I will:**

1. Protect any information in my possession in a secure area, and/or delete/destroy as noted below.
2. Not use names of individuals or institutions involved in any case.
3. Not photocopy, duplicate, or record any part of case-related material.
4. Not relay to the MMRT any information about a case not obtained through the regular data acquisition process.
5. Agree to delete (remove from email inbox and purge from recycle bin)/destroy (shred hard copies) all records within 24 hours after MMRT meeting.
6. Delete (from inbox and purge from recycle bin)/destroy (shred hard copies) all records immediately if they are sent to me and I am unable to attend the MMRT meeting. Also, any notes relating to individual cases taken during the meetings or review of case files will similarly be deleted or destroyed as described above.
7. Not discuss individual case findings or information outside of scheduled meetings.

**Additional Confidentiality Requirements for Remote Meetings:**

1. I agree to participate in the meeting from a location where their screen is not visible to others and the content of the meeting cannot be overheard.
2. I agree to wear headphones when possible to prevent the voices of others' from being overheard.
3. I agree to use a web camera when possible so others can verify who is in attendance and so members are visible to one another throughout the meeting.
4. I agree to not screenshot, record, save, or retain any materials related to specific case review or that are confidential in nature that are shared during the online meeting. This includes materials shared through the online platform, chat function, or any other materials.

The signature I have provided denotes my willingness to adhere to all of the terms on this document. I understand that any violation may terminate my access to the Wisconsin MMRT, Team materials, and that I may be subject to penalties imposed by law.

Please return to: [DHSMMR@dhs.wisconsin.gov](mailto:DHSMMR@dhs.wisconsin.gov) or fax: 608-224-5782.

SIGNATURE – Guest	Type or Print Name	Date Signed