

SAN MATEO COUNTY  
Behavioral Health and Recovery Services  
**Psychological Autopsy – Confidentiality Agreement**

*Confidential Risk Management/Quality Assurance Document – Protected by Evidence Code 1157 Et. Seq.*

Please read the following and sign below

**If you decline to sign this statement, we would like you to excuse yourself from the psychological autopsy conference.**

You have been invited to participate in a psychological autopsy conference. The conference has been scheduled in accordance with Behavioral Health and Recovery Services policy for quality improvement purposes.

A psychological autopsy is an educational peer and systems review. Its purpose is to identify areas where changes in practice or procedure may improve care. Attendance is restricted to professional personnel who were part of the deceased client’s treatment and/or has an administrative role in the involved units as well as the Behavioral Health and Recovery Services Medical Director, Quality Improvement Manager, and consultant when appropriate. The psychological autopsy will be conducted following guidelines for peer review and quality improvement purposes and shall not be discoverable in a legal action for medical negligence. (*Evidence Code 1157 Et. Seq.*)

**All proceedings of the psychological autopsy conference must be handled with strictest confidentiality.** No documentation of the proceedings will be made in the deceased client’s chart. The client will be identified by record number only and participants by initials. This material from the psychological autopsy will be maintained in a locked file as determined by the Behavioral Health and Recovery Services Director.

The conference chairperson will remind all attendees of the utmost importance of avoiding any casual post-conference discussion of the proceedings. It is imperative for the success of the conference that all participants are able to feel assured that their comments and discussion will be kept strictly confidential.

Please indicate that you have read and understood the above and will abide by the confidentiality requirements by signing below and returning this form to the conference chairperson at the beginning of the conference

Name of participant (Printed) \_\_\_\_\_

(Signed) \_\_\_\_\_

Role of Participant (in system and/or with regard to Client)

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\_\_\_\_\_