Metro Richmond Adult Fatality Review Team
Member Memorandum of Agreement

Team members may represent: local health care professionals specializing in geriatric care or care of incapacitated adults, local long-term care providers, representatives of local advocacy or service organizations for elderly or disabled populations, experts in forensic medicine and pathology, local funeral services providers, local centers for independent living.

I agree to serve as a member of the Metro Richmond Adult Fatality Review Team (MRAFRT) and adhere to the following:

1) Sign an Affidavit of Confidentiality at each MRAFRT team meeting.
2) Consistent attendance. Missing more than 2 scheduled meetings may serve as grounds for revocation of membership.
3) Collect and present the team with information from their agency’s records as well as represent their profession.

This agreement of participation shall terminate 12 months from the date recorded below.

Organization: ________________________________

Printed Name: _______________________________

Signature: _________________________________

Title: _________________________________

Date: _________________________________

Revised: 5.11.2016