

# ***C.A.R.E. Team*** ***District*** **Agenda**



**Date:**  
**(Location)**

**REMINDER TO MEMBERS: CONFIDENTIALITY OF INFORMATION:** Per WIC Code 15754 (a) and (b) and HIPAA: Confidential information, including "protected health information" (PHI) may be discussed at this meeting if the information is relevant to the prevention, identification or treatment of abuse of elders or dependent adults. All information and reports discussed or disclosed shall be maintained in a manner that ensures the maximum protection of privacy and confidentiality rights of our clients. Information received by CARE TEAM members should not be disclosed to any person(s) other than CARE TEAM members when not at these meetings.

**I. SELF INTRODUCTIONS:**

**II. PRESENTATION/QUESTIONS:**

**III. DISCUSSION FORUM:**

- A. CARE Regional Manager/Supervisor Report
- B. Adult Services Division - Deputy Director;  
Adult Protective Services RMs/Supervisors Report:
- C. District Attorney's Office Report:
- D. Current Issues/Legislative Updates:
- E. Roundtable: Announcements/Concerns/Suggestions

**IV. CASE DISCUSSION:**

**V. NOMINATIONS/APPROVAL OF NEW MEMBER (s):**

**NEXT MEETING:** **(Date)**  
**(Location)**