



SEX OFFENSE TREATMENT AND ASSESSMENT PROGRAMS LIMITS OF CONFIDENTIALITY

Name: _____ DOC number: _____

As a participant in Sex Offense Treatment and Assessment Programs (SOTAP) with the Washington State Department of Corrections, I agree to the following:

1. Information you share with SOTAP employees/contract staff while engaged and participating in sex offense treatment with SOTAP is confidential.
2. Certain information that you may provide while in treatment may be disclosed as required by law or DOC 570.000 Sex Offense Treatment and Assessment Programs. The following information will not be held confidential:
 - a. Threats of any kind to anyone, including personal harm threats
 - b. Threats of any kind to the security of the facility/location
 - c. Information regarding the current commission of a crime
 - d. Threats of any kind to commit a future crime
 - e. Specific details regarding unsolved crimes
 - f. Information regarding the sexual/physical abuse or neglect of a child/vulnerable adult (i.e., elderly or special needs)
 - g. Information regarding the following will be reported per DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting
 - i. Sexual assault or abuse of staff or an incarcerated person, including yourself
 - ii. Sexual harassment
 - iii. Staff sexual misconduct, regardless of length of time from misconduct
3. While participating in treatment and treatment activities, SOTAP employees/contract staff may discuss information from your record/file in treatment group, including, but not limited to, information in the electronic treatment file. Information will only be shared as it applies to treatment and is relevant to your treatment goals and may include:
 - a. Police reports
 - b. Victim/witness statements without identifying information
 - c. Criminal record
 - d. Presentence investigation reports
 - e. Facility plans, conduct reports/records, behavior logs, chronological entry
4. SOTAP will provide relevant documents and information about your treatment as required, including your treatment plan, treatment assignments, contact notes/case notes, evaluations, progress review and discharge documents, and share verbal information with the following:
 - a. SOTAP employees/contract staff
 - b. Indeterminate Sentence Review Board, if applicable
 - c. End of Sentence Review Committee
 - d. Health services providers

