



SEX OFFENDER TREATMENT AND ASSESSMENT PROGRAMS INFORMED CONSENT FOR COMMUNITY TREATMENT

Name: _____ DOC number: _____

By agreeing to participate in treatment with the Sex Offender Treatment and Assessment Programs (SOTAP), you will be held to certain expectations. This document will help you become familiar with what is expected of you and what you can expect from the community program.

The community SOTAP employee will help me apply the skills and knowledge I have learned during Prison-based treatment to assist me in living a more positive, pro-social lifestyle, and making the necessary adjustments when and if I experience set-backs/relapses.

As a participant in community SOTAP with the Washington State Department of Corrections, I agree to the following:

1. I will attend all treatment sessions, including group and individual sessions as assigned by the program.
2. I will attend all treatment sessions without being under the influence of mood altering substances, being ready and willing to learn, receive, and accept information shared by my treatment provider and fellow group members.
3. I will attend treatment sessions regularly and understand that excessive absences of 3 or more consecutive unexcused absences may result in my automatic unsuccessful discharge from treatment. Absences may be excused by the treatment provider after discussion for preventable situations.
4. I understand I am voluntarily participating in community SOTAP and may leave the program at any time. I understand I may be unsuccessfully discharged if:
 - a. I am making no progress, despite the best and repeated efforts of myself and community SOTAP employees.
 - b. I refuse to follow the rules, my treatment plan, and/or treatment agreement.
 - c. My behavior is consistently aggressive and/or disrupts treatment progress.
5. I understand that if I am unsuccessfully discharged from treatment, I have the right to appeal the decision to the SOTAP director/designee. I must notify my provider within 3 business days.
6. I will actively participate in all treatment sessions by demonstrating that I am:
 - a. Applying treatment concepts to myself and discussing with the group.
 - b. Being transparent and forthcoming with information regarding my risk factors and other treatment relevant topics.
 - c. Providing meaningful and relevant feedback to my fellow group members.
 - d. Open to feedback from my group members.
 - e. Completing all assignments, treatment activities, safety plans, and other requirements.

