SPECIAL SEX OFFENDER SENTENCING ALTERNATIVE INFORMED CONSENT

Name: _____ DOC number: _____

TYPE OF INFORMATION TO DISCLOSE

- ☐ Treatment participation/attendance/completion status
- ☐ Compliance/non-compliance reports
- ☐ Assessment results/treatment recommendations
- ☐ Individual treatment plan
- ☐ Treatment documents/psychological reports
- ☐ Discharge summary
- ☐ Other: _____

PURPOSE FOR USE AND/OR DISCLOSURE

- ☐ Patient request
- ☐ Treatment compliance/progress
- ☐ Mutual exchange of information (verbal/written)
- ☐ Legal
- ☐ Other: _____

RECIPIENT OF INFORMATION

Information may be disclosed to and used by the following individual(s) or organization:

Name/organization: _____
Address: _____

Information may be delivered by written report, assessments, court reports, court staffing, secure electronic transmittal, and/or fax.

REVOCATION, REDISCLOSURE, AND DURATION

I understand this consent cannot be revoked by me. This consent will expire automatically one year from the date of this signed consent.

_____ This consent will terminate upon completion of my court-ordered Special Sex Offender Sentencing Alternative obligations per RCW 9.94A.670.

SIGNATURES

I understand the disclosure of my sex offense treatment records is not voluntary and I may refuse to sign this consent. I understand that I may inspect or copy the information to be used or disclosed per RCW 70.02. I understand any disclosure of information carries the potential for an unauthorized re-disclosure and may not be protected by state confidentiality rules.

_____	_____	_____
Signature	Date	Date of birth
_____	_____	_____
Witness	Signature	Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Imaging system **COPY** – Supervised individual, Treatment provider