DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES
GENERAL INFORMED CONSENT & LIMITS OF CONFIDENTIALITY FOR SOCIAL WORK SERVICES

I, _____ , agree to participate at this time in the following program(s) and
(Print Name and SID Number)
services discussed with the social work department.

☐ Assessment ☐ Release Planning ☐ Individual Treatment

☐ Medical Parole ☐ Group ☐ Other: _____

INFORMED CONSENT: By signing this document, I acknowledge the following:

1. I have had the nature of the offered social work services(s) explained to me and I understand the potential benefits and risks of the offered social work services(s).
2. I understand that no guarantee or assurance has been made to me as to the desired result of the social service(s).
3. I understand that my consent is voluntary and I have the right to refuse the offered social work services(s) at any time.
4. I understand that social work services within this program may be provided by a Licensed Masters Social Worker or Licensed Clinical Social Worker who work on teams, so information is shared amongst all members of the team and during clinical supervision with the appropriate licensed supervisor.
5. I understand some information related to the social work services provided may be shared with other employees of the department/comprehensive healthcare providers if it is determined that there is a need for them to know for continuity of care or decision-making purposes.

LIMITS OF CONFIDENTIALITY: By signing this document, I acknowledge that all information and documentation concerning social work services will be kept confidential and will not be released without my (or my personal representative) specific written authorization except as required by law, or permitted by law, or in a situation deemed potentially life-threatening. This disclosure is permitted in certain circumstances, including, but not limited to the following:

1. **Consent:** If the client gives express consent to disclose the information.
2. **Court-Ordered:** When a court determines that the information is necessary for the administration of justice.
3. **Mandated Reporter:** When legally obligated to report the suspected abuse, neglect, self-neglect, or exploitation of a child or a vulnerable adult.
4. **Public Safety:** When the social worker believes the client poses a serious and imminent threat to themselves or others, or to the security of the facility.
5. **Legal Claims:** When the client's mental or emotional condition is introduced as an issue in a legal proceeding.

I have been informed and understand these limitations of confidentiality and consent by signing below.

Signature: _____ Date: _____

Witness: _____ Date: _____

At this time, I decline to participate in the social work service(s) that are identified above. I understand that this refusal does not disqualify me for future services through the Social Work Department.

Signature: _____ Date: _____

*** This form should be read to the individual in its entirety.**