



Shainker Behavioral Therapy

INFORMED CONSENT FOR SEXUAL OFFENSE SPECIFIC EVALUATION

I understand that I am taking part in an evaluation/assessment to specifically assess my sexual interests and sexual behavior. As part of the assessment process, consideration is given to the risk that this behavior presents to the community. I also understand that if I am court ordered to participate in this assessment, my participation or non-participation will be reported to the court and to the agency that referred me. I understand that I will be asked extensive questions regarding my history and about my sexual behavior. This will include the use of sexually explicit language.

Some of the benefits of an assessment are that it will assist in identifying which, if any, treatment is needed. It also may be the first step in addressing the problem and can create a sense of relief, direction and hope. I may see recommendations based on the assessment as favorable. The results of the assessment and recommendations will be communicated to the court and/or the referring agency. Any information that is given in the course of this assessment may be used in the report. Confidentiality is limited and assessment information can be given without permission under the following conditions:

1. Request by the referring Probation / Parole Officer or Social Worker
2. Court Order
3. Disclosure of previously unreported and/or suspected cases of child abuse (physical, emotional, or sexual) either of additional victims or myself
4. Disclosure by me or suspicion by the assessor that I may be considering homicide, suicide, or other self harm

The risk involved in the assessment process could include increased feelings of anxiety, fear, guilt, embarrassment, shame, a sense of hopelessness, and loss of personal freedom if recommendations are for a more restrictive placement. The court may choose to adjudicate me on charges for addition victims I disclose during this assessment. Furthermore, I may see recommendations developed from the assessment as unfavorable.

I acknowledge that any questions that I have regarding the assessment will be answered to my satisfaction. I realize that I can ask additional questions during the course of my participation in this assessment. I understand that my participation is voluntary and that I may stop at any time. However, I also understand that if the court and/or referring agency requires my participation, my withdrawal from the assessment process may have an effect on my standing with the court or referring agency.

My signature below indicates that I understand the risks and benefits involved in participating in the Sex Offense Specific Evaluation, what an assessment entails, and the parameters of confidentiality. I agree to participate in the assessment conducted by Alyson Shainker, LCSW.

CLIENT NAME (Print)

CLIENT SIGNATURE

DATE