

## SEX OFFENSE TREATMENT AND ASSESSMENT PROGRAMS LIMITS OF CONFIDENTIALITY

Name: _	DOC number:	
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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.
- 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

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- e. Case manager
- f. Classification status for work, education, and volunteer programs
- g. The Visit Unit regarding visiting lists and extended family visits
- h. Other Department employees/contract staff on a need-to-know basis
- 5. The Community Protection Act of 1990 and its amendments states the rules of confidentiality do not apply to:
  - a. The End of Sentence Review Committee, which may obtain, review, and use SOTAP records per RCW 72.09.345.
  - Prosecutors, expert forensic psychologists/psychiatrists, and others necessary for evaluation, referral, and possible commitment as a sexually violent predator per RCW 71.09.

By signing this form I acknowledge that I have read and understand the limits of confidentiality while in treatment with SOTAP. I have had the opportunity to ask any questions before signing and my questions were answered by a SOTAP employee/contract staff. I understand that if I have additional questions regarding confidentiality I can ask any member of the SOTAP team for help.

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Signature	Date	
Treatment Provider	Signature	 Date
The contents of this document may be eligible for pu will be redacted in the event of such a request. This		
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