

SEX OFFENSE TREATMENT AND ASSESSMENT PROGRAMS RELEASE OF CONFIDENTIAL INFORMATION

Name:			oer:
Agency(ies) making disclosure:			
TYPE OF IN	FORMATION T	TO DISCLOSE	
 □ Treatment admission/participation/attendar completion status □ Assessment results/treatment recommendate □ Individual treatment plan 		Treatment documents/ Compliance/non-comp Discharge/transition su Other:	liance reports immary
PURPOSE FO	R USE AND/O	R DISCLOSURE	
□ Patient request□ Treatment compliance/progress□ Mutual exchange of information (verbal/write)		Continuity of sexual off Legal Other:	ense treatment
RECIPIENT OF PRO	OTECTED HE	ALTH INFORMATION	l
Information may be disclosed to and used by tl	he following indi	vidual(s) or organization	า:
Name/organization:			
Address:			
Information may be delivered by written report, transmittal, and/or fax	assessments,	court reports, court staff	ing, secure electronic
REVOCATION, R	EDISCLOSUR	E, AND DURATION	
I understand this authorization cannot be revok disclosure for the purpose of treatment service of this signed consent.			
If I am subject to Indeterminate Sentence Review Board jurisdiction, this consent will terminate upon the expiration of my maximum sentence or the granting of final discharge.			
If I am subject to the Sentencing Reform Act, this consent will terminate upon the expiration of community supervision.			
A	UTHORIZATI	ON	
I understand that authorizing the disclosure of to sign this authorization. I understand that I m RCW 70.02. I understand that any disclosure disclosure and may not be protected by state of health information, I may contact the Sex Offer	nay inspect or co of information co confidentiality ru	opy the information to be arries the potential for a les. If I have questions	e used or disclosed per n unauthorized re- about disclosure of my
Signature	Date	Date of birth	
Witness	Signature		Date
The contents of this document may be eligible for public dis		curity Numbers are considered	
will be reducted in the event of such a request. This form is		-	

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