SEX OFFENSE TREATMENT
AND ASSESSMENT PROGRAMS
RELEASE OF CONFIDENTIAL INFORMATION

Name:  

Agency(ies) making disclosure:  

DOC number:  

TYPE OF INFORMATION TO DISCLOSE

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

PURPOSE FOR USE AND/OR DISCLOSURE

☐ Patient request  ☐ Continuity of sexual offense treatment
☐ Treatment compliance/progress  ☐ Legal
☐ Mutual exchange of information (verbal/written)  ☐ Other:  

RECIPIENT OF PROTECTED HEALTH 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 authorization cannot be revoked by me and I will be denied services if I refuse to consent to disclosure for the purpose of treatment services. This consent will expire automatically 90 days from the date 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.

AUTHORIZATION

I understand that authorizing the disclosure of my sex offense treatment records is voluntary and I may refuse to sign this authorization. I understand that I may inspect or copy the information to be used or disclosed per RCW 70.02. I understand that any disclosure of information carries the potential for an unauthorized re-disclosure and may not be protected by state confidentiality rules. If I have questions about disclosure of my health information, I may contact the Sex Offense Treatment and Assessment Program.

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.

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