Purpose and Nature/Type of Services
You have been referred by ______________ for a vocational evaluation. The purpose of this evaluation is to provide an independent opinion regarding ______________ (insert the activity(ies) or service(s) you are hired to perform such as appropriate alternate employment, wage earning capacity, and/or return to work barriers and recommendations to overcome these barriers). Benefits to you may include ______________ (insert benefits). No client-counselor relationship will be formed.

Roles, Responsibilities, Rights, Limitations, and Risks
I will provide my findings and opinions to the referral source and may be asked to testify in legal proceedings.

Your role is to provide accurate information in response to my questions and, if necessary, to participate in testing to the best of your ability. If you do not understand the reason for a particular question that is asked or a particular test that is administered, you have the right to request an explanation. Your refusal to participate in any part of this process may impact my findings and opinions.

Duration and Frequency
In general, our meeting will be limited to one time, although additional meetings may be required to administer testing or obtain additional information.

Confidentiality and Privilege
Precautions are taken to protect personally identifiable information and/or protected health information to ensure confidentiality. Our communications, including electronic communications, are not protected by privilege and could be discoverable through a subpoena or court order.

Any information I receive from you or other sources may be included in my findings and opinions and/or shared in expert witness testimony.

If I believe that you are going to harm or endanger yourself or others, I must notify the proper authorities and parties based on statutory requirements. If I believe you are going to harm or endanger or abuse children or elderly individuals, I must report this to state or local authorities.

Fees and Billing Arrangements
These services will be paid for directly by ______________ (e.g., attorney, referral source).

Records and Continuation of Services
Records will be retained securely for ______________ years and properly destroyed in accordance with national or local statutes. In the case of my extended absence, incapacitation or death, a copy of my records can be obtained from ______________.

Qualifications and Credentials
A summary of my qualifications, credentials, and relevant experience include: ______________. Complaints or concerns should be addressed to any of the following:

This disclosure form is provided by the Commission on Rehabilitation Counselor Certification (CRCC) as a sample of the content that would be appropriate to include in a disclosure form for the forensic setting. The form must be reviewed for applicability to each particular case and appropriate modifications must be made.
Me
[insert name and contact information]

My supervisor
[insert name and contact information]

Your attorney, if you are represented by one

The agency that handles such complaints
[insert name and contact information]

Commission on Rehabilitation Counselor Certification
1699 E. Woodfield Road, Suite 300
Schaumburg, IL 60173

By signing this form, I attest that I have discussed the aforementioned topics with the forensic rehabilitation counselor and that I understand the information discussed as well as the information contained within this document.

________________________________________________________________________
Printed Name of Evaluee

________________________________________________________________________  ____________
Signature of Evaluee        Date

________________________________________________________________________
Printed Name of Legal Guardian (if applicable)

________________________________________________________________________  ____________
Signature of Legal Guardian (if applicable)     Date

________________________________________________________________________
Printed Name of Forensic Rehabilitation Counselor

________________________________________________________________________  ____________
Signature of Forensic Rehabilitation Counselor    Date

RECOMMENDED CITATION


This disclosure form is provided by the Commission on Rehabilitation Counselor Certification (CRCC) as a sample of the content that would be appropriate to include in a disclosure form for the forensic setting. The form must be reviewed for applicability to each particular case and appropriate modifications must be made.