

## **Professional Disclosure Form - Private Sector Example – Forensic**

### **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:

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

Commission on Rehabilitation Counselor Certification. (2016). *Professional Disclosure Form - Private Sector Example – Forensic*. Retrieved from, [https://www.crccertification.com/filebin/pdf/CRCC\\_Private\\_ForensicDisclosure.doc](https://www.crccertification.com/filebin/pdf/CRCC_Private_ForensicDisclosure.doc)