Professional Disclosure Form - Private Sector Example – Workers' Comp/LTD

Purpose and Nature/Type of Services
You have been referred by _____ for vocational rehabilitation services including _____ (e.g., vocational evaluation, assessment, testing, plan development, job placement, retraining). The goal of vocational rehabilitation is to assist you in returning to work.

If services are provided beyond the initial assessment, we will work jointly to develop a rehabilitation goal and plan for return-to-work. Authorization for services may be required prior to initiation.

Roles, Responsibilities, Rights, Limitations, and Risks

I will provide services that respect and address your needs within the limits of what your insurer is obligated to provide in your insurance coverage (contract) or as authorized.

Regardless of the funding source, you are the client. You are encouraged to actively participate and ask questions or express concerns if you do not understand any part of the process. Your refusal to participate could result in a suspension or termination of your benefits.

Duration and Frequency
The duration of services is based upon several factors such as authorization for services, funding and/or time limitations, your medical condition, and your participation. The frequency of our appointments will vary based on your circumstances.

Confidentiality and Privilege
Precautions are taken to protect personally identifiable information and/or protected health information to ensure confidentiality.

Confidentiality may be limited by the following conditions:

- If information is transmitted electronically.
- If a third party (i.e., insurance carrier, attorney) is paying for services.
- If any legal issues prevent your eligibility to work (i.e., lack of documentation, incarceration, conviction history) or to receive other vocational services.
- If I believe that you are going to harm or endanger yourself or others.
- If I believe you are going to harm or endanger or abuse children or elderly individuals.
- If information is requested from other parties (i.e., doctors, physical therapists, your employer) and you have signed a release of information.
- If I am required to comply with a subpoena or court order.
- If you are a minor or have a legal guardian.
- If consultation with colleagues, supervisors, or other professionals is required to assist in reaching your vocational goal.
- If you are represented by an attorney.

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

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 my counselor and that I understand the information discussed as well as the information contained within this document.

_____
Printed Name of Client

_____ _____
Signature of Client Date

_____
Printed Name of Legal Guardian (if applicable)

_____ _____
Signature of Legal Guardian (if applicable) Date

_____
Printed Name of Certified Rehabilitation Counselor

_____ _____
Signature of Certified 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 may be appropriate to include in a disclosure form for the WC/LTD setting. The form must be reviewed for applicability to each particular case and appropriate modifications must be made.

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