

Professional Disclosure Form - Public Sector Example

Purpose

The purpose of public vocational rehabilitation is to assist eligible persons with disabilities in achieving employment. This may be returning to your former job or obtaining a job in a new field.

Roles, Responsibilities, Rights, Limitations, and Risks

You and your rehabilitation counselor (RC) will work together to find a job that you are able to do that is as close as possible to your vocational goals.

To determine your eligibility for vocational rehabilitation services, a release of information may need to be signed to gather documentation (e.g., tests, exams, or evaluations).

If you are eligible for services, you and your RC will jointly develop a vocational goal and an Individual Plan of Employment (IPE) to assist you in achieving this goal. Your IPE can be reviewed and amended by you and your RC when appropriate. Some of the services that may be part of your IPE include:

- Evaluation of vocational rehabilitation needs
- Physical restoration
- Assistive technology, services, and equipment
- Counseling and guidance
- Educational training
- Supported employment
- Job development and placement
- Employment retention and follow-up services

Your refusal to participate may impact the implementation of your IPE or result in case closure. Employment may result in a reduction or loss of benefits you receive, including Social Security benefits.

Duration and Frequency

The duration of services is based upon several factors such as funding and/or time limitations, your medical condition, and your participation. Frequency of meetings with your rehabilitation counselor are outlined in the IPE.

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 other state or government agencies have the legal right to access your information.
- 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.

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 public sector. The form must be reviewed for applicability to each particular case and appropriate modifications must be made.

- 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 a third party is paying for services.
- 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.

Fee and Billing Arrangements

The agency receives both federal and state funds and does not charge a fee to participants for services provided directly by the rehabilitation counselor.

Records and Continuation of Services

Records will be retained and/or released by _____ [insert your organization’s name] in accordance with its policy and properly destroyed in accordance with national or local statutes. If your assigned rehabilitation counselor leaves the agency or otherwise becomes unable to fulfill his/her commitments to you, your case will be assigned to an alternate rehabilitation counselor employed by the agency.

Qualification 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]

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 RC 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 Rehabilitation Counselor

Signature of Rehabilitation Counselor

Date

RECOMMENDED CITATION

Commission on Rehabilitation Counselor Certification. (2016). Professional *Disclosure Form – Public Sector Example*. Retrieved from, http://www.crccertification.com/filebin/pdf/CRCC_Public_DisclosureForm.doc