

**M-CAAP: MASOC Child and Adolescent Assessment Protocol
Informed Consent/Assent and Warning of Limits of Confidentiality**

Individual: _____ DOB: _____ Current Age: _____

I, _____, am the ___legal guardian of this individual or ___the individual and am aged 18 or older.

I understand that this evaluation is being conducted on behalf of the Massachusetts Department of Children and Families, and is expressly intended to evaluate the potential for continued sexually abusive and/or problematic sexual behavior, as well as general psychological and social functioning. This evaluation commonly consists of activities such as interview of the referred individual and properly authorized communications with collateral individuals, review of records, and potential administration of assessment instruments.

I understand that the client securing the evaluation is the Department of Children and Families. Any information that is provided or discovered during the course of this evaluation may be included in a written evaluation report that will be provided to the Department and will be included in the referred individual's DCF case record.

Consent from the referred individual (if age 18 or older) or the legal guardian of the referred individual is required for the referred individual to directly participate in the evaluation in activities such as interview(s). If proper consent is not provided for direct participation by the referred individual, the DCF will be notified. DCF may choose to have the evaluator proceed without the direct participation of the referred individual to assist DCF in gathering information relevant to the referral issues and case needs. If proper consent is obtained from a legal guardian of a referred individual but that individual chooses not to participate (withholds "assent"), DCF will be notified and may ask the evaluator to collaborate with the legal guardian to best gather information relevant to the referral issues and case needs to be provided to DCF.

If the referred individual directly participates in the evaluation, I understand that whatever is reported to the evaluator is not private, and may not be held confidential. I understand that the evaluator cannot provide or ensure confidentiality with respect to any information provided to or discovered by the evaluator.

I further understand that the evaluator is a mandated reporter and must report to the appropriate authorities any and all cases of known or reasonably suspected neglect or abuse perpetrated against a child 17 years of age or younger, an elder person as defined by law (age 60 or older), or a disabled person as may be required by law, and which has not been formerly reported to the authorities. I understand that such authorities may include the Massachusetts Department of Children and Families, the office of a District Attorney, and any other state agencies or Commissions that may be recipients of mandated reports.

I further understand that the evaluator may be obligated under state law to take steps to warn or protect persons from threatened or planned acts of violence, which may include notifying law enforcement or initiating attempts to hospitalize, or if in the professional judgment of the evaluator, the individual being evaluated poses a substantial risk of harm to themselves or others.

I understand that in addition to an assessment of risk for possible sexually abusive behavior and/or other problematic sexual behavior, the written evaluation report prepared by the evaluator may also provide recommendations regarding possible treatment interventions and/or case management plans regarding the individual being evaluated. I understand that the Department of Children and Families may act upon such recommendations in making decisions regarding treatment and/or case management.

My signature below acknowledge that I am the individual being evaluated and/or the legal guardian of that individual, and that I fully understand the purpose of this evaluation, how it may be used, that a written evaluation report it will be provided to DCF, and limitations of confidentiality. My signature additionally means that I have had the opportunity to ask any questions I may have regarding the purpose and/or use of the evaluation and/or limitations on confidentiality.

If the individual being evaluated is aged 18 or older, only the individual need sign this acknowledgement of notification.
If the individual being evaluated is aged 17 or younger, the individual and the individual's legal guardian must sign this acknowledgement of notification.

Signature of individual being evaluated

Date

Signature of Legal guardian, if individual being evaluated is aged 17 or younger

Date

Printed Name of witness

Signature of Witness

Date