

## **INFORMED CONSENT TO PARTICIPATE IN THE PRELIMINARY RISK SCREENING CONSULTATION PROCESS**

### **WHAT ARE THE PURPOSES OF THE PRELIMINARY RISK SCREENING CONSULTATION (PRSC) PROCESS?**

- To give recommendations on how to keep you or the person you support safer and the community safer.

### **WHO ARE THE PEOPLE ASKING QUESTIONS?**

- The people asking questions at the meeting work with the Bureau of Behavioral Support.
- They are trained to know a lot about sexual behaviors and people with disabilities.
- There may be other people from the Bureau of Behavioral Support and people being trained in the meeting.

### **WHAT WILL HAPPEN IN THIS MEETING?**

- It will take anywhere from one to two hours.
- We will ask a lot of questions about your/the person's life, sexuality, and sexual behavior.
- We might ask to meet again in about six months or a year.

### **WHAT HAPPENS AFTER THE MEETING?**

- The person who asked the questions (the Screener) will write a draft summary Consultation Note.
- This note will be reviewed and edited by professional Consultants (Jason Buckles, PhD, LPCC; Jim Haaven, MA; Gerry Blasingame, PsyD) who are contracted with the Department of Health.
- The final version of the Consultation Note will be reviewed by a Bureau of Behavior Support staff and then distributed to the team for consideration.

### **WHAT GOOD THINGS MIGHT HAPPEN FROM THIS MEETING?**

- The team might be educated about risk and how to improve their supports for you/the person you support.
- This process might lead to fewer restrictions or less supervision for you or the person you support.
- The team will get a written note about our recommendations within 30 days of the meeting.

### **WHAT OTHER THINGS MIGHT HAPPEN FROM THIS MEETING?**

- There is no known risk of physical harm from participating in this meeting.
- You may be embarrassed by some questions or not agree with some recommendations we make.
- Sometimes there may be a recommendation to increase restriction(s) or supervision.
- The team may have disagreements about our recommendations.

### **\* IMPORTANT TO UNDERSTAND \***

- You do not have to participate. There is no penalty for saying 'no'. **Even if you sign below and agree now – you can change your mind and stop the meeting at any time for any reason – just say so.**
- The team or Case Manager may have to fill out some forms for the state if you say 'no'.
- You can refuse to answer any question we ask for any reason.
- Even if you and your team follow all of our suggestions, sexual problems may still happen.

**DO YOU HAVE ANY QUESTIONS? ASK NOW OR ANY TIME. CALL JASON BUCKLES, PHD, LPCC AT 505-615-2223**

GUARDIAN PRINTED NAME: \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF INDIVIDUAL IN SERVICES: \_\_\_\_\_ WITNESSED BY: \_\_\_\_\_