



CENTER FOR PSYCHOSOCIAL DEVELOPMENT

Informed Consent for Assessment and Treatment

The Center for Psychosocial Development (CPD) is a non-profit agency established in 1993. In 2005, the State of Alaska Division of Senior and Disability Services acknowledged CPD as an Intensive Active Treatment (IAT) provider for clients eligible for IDD waivers. CPD specializes in providing services for people experiencing cognitive disabilities with any of the following co-occurring issues:

- Increased vulnerability to and/or from abuse,
- Difficulties establishing personal boundaries,
- Histories of, or current issues with, inappropriate sexual behaviors,
- Committed sexual offenses

The purpose of this document is to provide you, and your legal guardian (if you have one) with information about our agency and the services we offer. Please feel free to express concerns you may have regarding this document or services provided.

SERVICES

Assessment

You will be asked to take some assessments during your first 90 days of the program. The assessments will require you to provide information about yourself. The information you provide us will be written down and scored. This information will be included in an report that will determine your areas of strengths and provide us with treatment recommendations for areas of your life you may want to improve. We will ask your guardian (if you have one) and the people closest to you, who you are comfortable with, to help in this process.

Treatment

If you decide to enter treatment at CPD, we will introduce you to a group of individuals who you may share common interests with. During the first 90 days, we will be working with you on your assessment to see if you are comfortable participating in CPD treatment groups.

We offer different types of groups, every day of the week, that last 1.5 hours. Based on the information you and your support staff or family provide, we will offer you a group(s) to

attend that best fits your schedule and your needs. The main focus of each group is keeping you and the community safe.

Once you start in a group(s), a treatment plan will be developed. You are an important person in the development of the plan. We call this the Behavioral Risk Management Support Plan. It will help you in group therapy. You may be getting services from other agencies and different staff members or family member may want to help you with your support plan, if you are willing to share it with them.

Confidentiality

All the information from your assessment and treatment will be confidential. Keeping things confidential means we will not share it with others without permission. We will give our information only with written permission from your legal guardian (if you have one).

However, in situations where there appears to be harm to self or others, CPD is required by law to report the incident immediately to the appropriate authorities I.E. Police, Adult Protective Services, Office of Children Services. Also, a judge may order CPD staff to testify in a court of law, regarding your case.

In regard to record keeping, CPD is in compliance with HIPPA regulations. Our files are locked in metal cabinets, and there are two additional locked doors to protect them.

CPD staff utilizes a separate computer server that can only be access by CPD staff while they are at their designated workstations, located in their offices.

If you have any questions or concerns, please feel free to ask a CPD staff member.

Thank you for allowing us the opportunity to serve you.

I, _____, (client or legal guardian) have reviewed the above information and give consent for the assessment and treatment of services provided by CPD.

Client Signature

Date

Guardian Signature (if applicable)

Date

CPD Staff

Date