

DIVISION OF JUVENILE JUSTICE SERVICES
PLETHYSMOGRAPH EXAMINATION INFORMED CONSENT FORM

I, _____, state that I have been advised of the following:

(Please have youth initial each of the items below):

1. ___ I understand that the plethysmograph examination being administered is to help verify the accuracy of the self-report information that I have previously shared (verbal or written) with my therapist, case manager, Division Of Juvenile Justice Services staff or any other professional person associated with my case and that this information may be used in decisions regarding my case, such as future placements, monitoring compliance with treatment, competency development and community safety.
2. ___ I understand that a licensed/certified plethysmograph examiner who has the knowledge and experience necessary to conduct this examination with the adolescent sexual offender will administer the plethysmograph examination.
3. ___ I understand that the plethysmograph examiner is qualified to use the equipment and is following the professional standards set forth by the Association for the Treatment of Sexual Abusers. The examiner must be a member of this professional organization.
4. ___ I understand that this plethysmograph exam is being administered without threats or promises of immunity.
5. ___ I do hereby agree to hold harmless the State of Utah, Division of Juvenile Justice Services, their agents and/or their employees.
6. ___ I understand that the examination results may be available to the Division Of Juvenile Justice Services case manger, juvenile court, the private provider agency, and other relevant agencies or individuals.
7. ___ Any admission of criminal behavior or program violations made during the plethysmograph process will be shared with Division Of Juvenile Justice Services case manger, juvenile court, the private provider agency, and any other relevant agencies or individuals.
8. ___ All of the information will be used for consideration in the case assessment process and will be included in the court report regarding recommendations for placement and treatment interventions.
9. ___ Any new crimes that I committed will be reported to law enforcement, child protective services and/or other relevant person and agency.
10. ___ I have the right to refuse to take the plethysmograph examination with the understanding that my refusal may have risk and community safety consequences possible resulting in an increase in placement and/or program supervision.
11. ___ I have the right to discontinue the plethysmograph examination at any time.
12. ___ I have had the above explained to me, and have had the opportunity to ask questions and get clarification regarding all of the information on this form. I hereby consent to this examination.

The signatures below indicate their understanding of the plethysmograph testing and give permission for their son to participate. Both the client and the parent/guardian agree to hold the both the administrators of the testing agency and the state harmless in the execution of the same.

Signature of Juvenile

Date

Signature of Parent/Guardian

Date

Signature of Division Of Juvenile Justice Services Case Manager

Date

Signature of Assistant Program Director

Date