



## Informed Consent

1. Purpose-The purpose of the Lubbock Private Defenders' office's mental health program is to make every effort to connect me to community services and agencies which treat mental illness and to help people who are indigent by offering resources, referrals and coordination of services.
  - a. Goal: to help me transition from the jail into the community, and for me to be referred to resources to meet my needs. Also, to reduce the likelihood that I will be involved in the criminal justice system again.
  - b. Techniques-This is a non-therapeutic relationship, and no therapeutic techniques will be used by my case manager.
    - i. Some psychoeducational and coordination services will be provided.
    - ii. I will be encouraged by my case manager to take medications if they are prescribed to me.
    - iii. I will be referred to therapeutic resources, and resources that can provide holistic treatment and services that serve those who are indigent.
  - c. Restrictions-If the case manager holds a professional license the license is currently in good standing with the respective board and the board has not imposed any restrictions on their license.
  - d. Confidentiality limits-I understand that any personal information, medical information, and historical data I submit to the LPDO will remain confidential unless I authorize disclosure. The only exceptions are in the following circumstances:
    - i. Your Attorney- He or she will have access to all of the case management notes and will have full access to any information collected by the case manager. He or she will speak regularly with your case manager regarding your case.
    - ii. I waive the right to confidentiality in the event that the information is court ordered.
    - iii. If it is court ordered for me to have an examination by a Psychologist, I authorize my Attorney and/or my mental health case manager to provide records to the Psychologist. The records provided will include: records relative to my legal case, (police reports, discovery, indictment, the range of punishment for the crime I am charged with etc.) and 3<sup>rd</sup>

party medical and mental health records needed for the purpose of the exam.

- iv. If at any point you are court ordered to have a Guardian, third party medical and mental health records collected on your behalf by this office, can be released to: the Guardian, Guardian Ad Litem, or Attorney Ad Litem who represent your best interest.
  - v. Starcare staff
  - vi. Information needed for county billing and reports
  - vii. By signing below I acknowledge that Attorney client privilege and or counselor client privilege is waived in the event that my case manager is asked to testify in court.
2. I have been informed that I am being offered assistance from the Lubbock Private Defenders' Office, in addition to what my Attorney provides, in the form of mental health case management services.
  3. Mental health case management services are being offered free of cost to me. There may be court costs that I will be responsible for, but this is not related to the mental health case management services I am provided.
  4. I have been informed that my participation in case management services is voluntary. I have the right to decline further assistance from the program at any point.
  5. Case Management will conclude approximately 1 month after the legal case is disposed.
  6. My mental health case manager is required to notify the appropriate authorities if he or she has a suspicion, or becomes aware that I am intending to harm myself or someone else. In the event that there is a suspicion that someone is harming or will harm me, my case manager is obligated to report this to Adult Protective Services.

**I have had the opportunity to ask questions about the nature, scope, and purpose of the LPDO mental health program. By signing below, I am affirming my participation in this process is voluntary, and that I agree with all of the objectives of this informed consent document.**

Client's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client's Printed Name: \_\_\_\_\_

LPDO Case Manager: \_\_\_\_\_ Date: \_\_\_\_\_