



# State Avenue Counseling & Wellness

39 E. State Avenue, Meridian, Idaho 83642

208-994-3599

Camilla Lower, LCPC  
State Approved Domestic Battery Evaluator

This Risk to Child Evaluation is being:

- Requested by \_\_\_\_\_
- Conducted in compliance with the Court order of \_\_\_\_\_

It is important for you to understand how a Risk to Child evaluation differs from other psychological or general evaluations. While the results of this evaluation may or may not be helpful to you personally, the goal of this evaluation is to provide information about your risk for Injury to Children and/or Domestic Violence. If court ordered I make recommendations to the court. If not court-ordered I make recommendations to the individual or agency requesting the evaluation.

In most cases this evaluation is intended for use in some type of a legal proceeding. As such, the confidentiality of the evaluation is determined by the rules of that legal system. If your attorney has requested this evaluation, he/she will receive a copy of my report, and will determine how it is to be used and who has access to it.

Generally the results of this evaluation are protected by the counselor-client privilege. Exceptions to this might include a determination on my part that you are dangerous to an identifiable person, or if you reveal information that a child under the age of 18 has been abused. I would also have to release this information if a court orders me to do so. When ordered by the court I am usually required to submit my evaluation within 14 days of completion. Once a decision has been made to use the report in a legal proceeding, the report and any information pertaining to it, will probably be admissible to evidence. If you have any concerns about the use or distribution of my report you should discuss these issues carefully with your attorney.

If someone other than your attorney orders the evaluation, that individual is my client, and he/she has complete authority over the results, including whether or not any information will be released to you or to anyone else. In addition, because the evaluation was requested by another party, and is not for the purpose of treatment or counseling, the confidentiality may have fewer legal protections. I will not release information unless instructed to do so by the person or entity that hired me, or when I am legally required to do so. Your participation in this evaluation is voluntary. I will not conduct the evaluation without your signature on this document. You also have the right to stop the evaluation at any time. There may be legal consequences if you stop the evaluation; therefore, it would be in your best interest to consult with an attorney before doing so.

The evaluation itself consists of an oral interview and written testing. In addition, it may be necessary for me to review other related materials, such as court records, and to conduct interviews with witnesses or victims listed in police reports. The interview and testing will be recorded in order to preserve an accurate record of the evaluation.

If, at any time, you have a question about any aspect of the evaluation of these procedures, please feel free to ask me. If you need a break during the evaluation please let me know and we will stop.

I have read and agree to the above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date