**M-CAAP: Massachusetts Child and Adolescent Assessment Protocol**

**Consent/Assent: Psychosocial Evaluation**

Individual: DOB: Current Age:

I am the above named individual and aged 18 years or older; or

I am the parent, legal guardian, or custodian of the above-named individual

I understand that this evaluation is being conducted on behalf of the Massachusetts Department of Children and Families (DCF) and is expressly intended to evaluate the potential for continued sexually abusive and/or problematic sexual behavior, as well as general psychological and social functioning. This evaluation commonly consists of activities such as interview of the referred individual and properly authorized communications with collateral individuals, review of records, and potential administration of assessment instruments. I understand that the individual being evaluated and persons associated with the individual may be interviewed in person and/or by electronic means including telephone or secure web-based systems.

Consent from the referred individual (if age 18 or older) or the parent/legal guardian/custodian of the referred individual is required for the referred individual to directly participate in the evaluation in activities such as interviews. If proper consent is not provided for direct participation by the referred individual, DCF will be notified. DCF may choose to have the evaluator proceed without the direct participation of the referred individual to gather information relevant to the referral issues and case needs. If proper consent is obtained from a parent/legal guardian/custodian of a referred individual but that individual chooses not to participate (withholds “assent”), DCF will be notified and may ask the evaluator to collaborate with the parent/legal guardian/custodian to best gather information relevant to the referral issues and case needs to be provided to DCF.

**Consent/Assent for Evaluation**

I understand that the individual being evaluated may choose at any time to not participate further in this evaluation, and if the individual is aged 17 or younger the individual’s legal guardian may also choose to have the individual no longer participate in the evaluation. I understand that under these circumstances, the decision of the individual or the individual’s parent/legal guardian/custodian will be reported by the evaluator to the Department of Children and Families. In this case, DCF may choose to direct the evaluator to complete the evaluation by means such as reviewing records and interviewing collaterals (subject to proper authorization) but without the participation of the individual referred for evaluation.

I understand that in addition to an assessment of risk for possible sexually abusive behavior and/or other problematic sexual behavior, the written evaluation report prepared by the evaluator may also provide recommendations regarding possible treatment interventions and/or case management plans regarding the individual being evaluated. I understand that DCF may act upon such recommendations in making decisions regarding treatment and/or case management.

**Limitations on Confidentiality**

If the referred individual directly participates in the evaluation, I understand that whatever is reported to the evaluator is not private and may not be held confidential. I understand that the evaluator cannot provide or ensure confidentiality with respect to any information provided to or discovered by the evaluator. I understand that the client securing the evaluation is the Department of Children and Families (DCF). Any information that is provided or discovered during the course of this evaluation may be included in a written evaluation report that will be provided to the DCF and will be included in the referred individual’s DCF case record.

I understand that the evaluator is a mandated reporter who must report to the appropriate authorities any and all cases of known or reasonably suspected neglect or abuse perpetrated against a child 17 years of age or younger, an elder person as defined by law (age 60 or older), or a disabled person as defined by the law, and which has not been formerly reported to the authorities. I understand that such authorities may include DCF, the office of a District Attorney, and any other state agencies or Commissions that may be recipients of mandated reports. I understand that the evaluator may also be obligated under state law to take steps to warn or protect persons from threatened or planned acts of violence, which may include notifying law enforcement or initiating attempts to hospitalize if in the professional judgment of the evaluator the individual being evaluated poses a substantial risk of harm to themselves or others.

**Consent/Assent**

My signature below acknowledges that I am the individual being evaluated and/or the parent/legal guardian/custodian of that individual, and that I give consent for the evaluation. My signature additionally means that I have had the opportunity to ask any questions I may have regarding the purpose and/or use of the evaluation and/or limitations on confidentiality.

If the individual being evaluated is aged 18 or older, only the referred individual need sign to indicate consent. If the individual being evaluated is aged 17 or younger, both the individual being evaluated and the individual’s parent/legal guardian/custodian must sign to indicate consent.

*Assent: Signature of individual being evaluated: Consent, If age 18 or older Date*

*Consent: Signature of Legal guardian, if individual being evaluated is aged 17 or younger Date*