

This is to notify you that while residing in a Residential Reentry Center or on home confinement you are being referred for:

- Substance Abuse Evaluation and/or Treatment
- Mental Health Evaluation and/or Treatment
- Sex Offender and/or Treatment

The proposed treatment would include psychotherapy and may include psychiatric medications. However, you will not be given any psychiatric medications without your knowledge and consent.

If you agree, you will be referred to a community-based treatment provider. You will be a voluntary patient. You do have a right to refuse this treatment now or at any time in the future. If you choose to do so, you should check the appropriate block below and sign this document acknowledging your refusal to receive an evaluation and/or treatment.

By signing this form, I acknowledge that I have discussed this document with the community-based treatment provider and I understand my rights and choices regarding community-based treatment.

- I hereby consent to an evaluation and/or treatment and will follow all rules to include:

- 1) attending all schedule treatment session;
- 2) activity participating in group sessions (e.g., appropriate self-disclosure, providing feedback);
- 3) taking medication as prescribed, (if applicable);
- 4) keeping all information discussed in group confidential; and
- 5) abiding by the rules and regulation of the Bureau of Prisons, community-based treatment provider, and the Residential Reentry Center.

- I refuse an evaluation and/or treatment.

Inmate Printed Name/Signature	Inmate Number	Date
Witness Signature	Printed Name/Title	Date

**FOR STAFF USE ONLY**

This inmate is \_\_\_ is not \_\_\_ competent to give informed consent for community-based treatment.

This assessment is based on the following:

Treatment Providers Signature	Printed Name/Title	Date
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