

**ACKNOWLEDGEMENT OF NON-CONFIDENTIALITY AND WAIVER**

I, \_\_\_\_\_, have been informed and acknowledge that I have no rights of confidentiality regarding my treatment with the Sixth Judicial District Department of Correctional Services. I have also been informed and acknowledge that whatever I tell an employee with the Sixth Judicial District Department of Correctional Services is not privileged or private. If any such rights of confidentiality, privilege of privacy exist or, subsequent to execution of this waiver, are held to exist by statute or rule of law, I hereby waive any and all such rights.

I understand that sexual assault is a criminal offense with serious consequences to the victim and the community, and I hereby allow the Sixth Judicial District Department of Correctional Services to report to the appropriate authorities, including but not limited to, the Prosecuting Attorney's office, or appropriate law enforcement agencies, any occurrence or potential occurrence of a sexual offense on my part, regardless of how the Sixth Judicial District Department of Correctional Services gains knowledge of such occurrence or potential occurrence. The purpose of my participation in the Sixth Judicial Department of Correctional Services Sex Offender Program is to control my sexual deviancy in the community, and I wish to be held fully accountable for such behavior.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

**For Public Information Only**