Sex Offense Task Force

Application Services Agreement

Please read, **initial** each statement, sign and date the following Agreement:

I,_____, agree to adhere to the following terms and conditions as an approved provider, affiliate provider, emeritus provider, evaluator, affiliate evaluator, polygraph examiner, or affiliate polygraph examiner for outpatient sex offender therapy and or services for individuals under the supervision of the Utah Department of Corrections. I accept the responsibility for ensuring that clients referred to me by the Department of Corrections understand my responsibilities under these terms and conditions:

_____a. I certify the information provided in the application is true and correct to the best of my knowledge and belief.

_____b. In making this application, I understand that no guarantees are being extended to me or my agency as to the number or type of client referrals.

_____c. I understand this application does not constitute a contract for services with the Department of Corrections.

_____d. I understand the list of approved provider, emeritus provider, evaluator, affiliate evaluator, polygraph examiner, or affiliate polygraph examiners may be provided to potential clients who are on probation, parole or inmate status.

_____e. I understand that I am required to strictly adhere to the mandatory reporting laws of the State of Utah. I acknowledge that it is my responsibility to advise my clients of this and assume full responsibility for ensuring that my disclosures conform to standard ethical practices. All known violations of law, supervision requirements or community protection shall be reported to Department of Corrections

_____f. I further acknowledge that the Department of Corrections has the right to cancel my standing as an approved provider, emeritus provider, evaluator, affiliate evaluator, polygraph examiner, or affiliate polygraph examiner upon reasonable cause. I also understand that I may withdraw from this program upon written notice to the Department of Corrections.

_____g. I acknowledge that upon being removed or removing myself as an approved provider, affiliate provider, emeritus provider, evaluator, or polygraph examiner I shall notify all clients in treatment with me and under the supervision of the Department of Corrections of my change in status.

_____h. I make this application voluntarily, stating that no promises have been made to me by the Department of Corrections or any of its members in regards to referrals, future contracts for services or any other types of financial remuneration.

_____i. I further consent to a background check by the Department of Corrections of any prior arrests/ convictions or licensing problems.

_____j. I acknowledge that the provisions of this agreement shall be governed by the laws of the State of Utah.

_____k. The approved provider, emeritus provider, evaluator, affiliate evaluator, polygraph examiner, or affiliate polygraph examiner is not an employee or contractor for the Department, and as such, shall have no authorization, expressed or implied, to bind the State to any agreements, settlements, liability, or understanding whatsoever, and agree not to perform any acts as agent for the State.

_____l. The approved provider, affiliate provider, emeritus provider, evaluator, affiliate evaluator, polygraph examiner, or affiliate polygraph examiner agrees to indemnify, save harmless and release the State, its officers, agents, volunteers and employees from and against any and all loss, damage, injury, liability, suits and proceedings arising out of the performance of the services described herein caused by the negligence of the provider, affiliate provider, emeritus provider, evaluator, or polygraph examiner.

_____m. I understand that the Department of Corrections requires only audio stimuli be used with plethysmograh (no visual).

_____n. The approved provider, emeritus provider, evaluator, affiliate evaluator, polygraph examiner, or affiliate polygraph examiner agrees to abide by the provisions of Title VI and VII of the Civil Rights Act of 1964 (42SUC 2000e) which prohibits discrimination against any employee or applicant for employment or any applicant or recipient of services on the basis of race, religion, color, or national origin; and further agrees to abide by Executive Order No.11246, as amended, which prohibits discrimination on the basis of sex; 45 CFR 90 which prohibits discrimination on the basis of age; and Section 504 of the Rehabilitation Act of 1973, or the Americans with Disabilities Act of 1990 which prohibits discrimination on the basis of disabilities. Also, the approved provider, affiliate provider, emeritus provider, evaluator, or polygraph examiner agrees to abide by Utah's Executive Order, dated June 30, 1989, which prohibits sexual harassment in the work place.

_____o. A declaration by any court, or any other binding legal source, that any provision of this agreement is illegal and void shall not affect the legality and enforceability of any other provision of this agreement, unless the provisions are mutually dependent.

_____p. I agree to abide by the Mental Health Professional Practice Act and all DOPL guidelines and regulations.

_____ _____

(Applicant Signature) (Date)

_____ _____

(Applicant Print Name) (Date of Birth)

_____

(Social Security Number)

_____ _____

(Supervisor signature for affiliate provider/evaluator only) (Date)

_____

(Supervisor print name for affiliate provider/evaluator only)