

Notice, Acknowledgement and Acceptance
of Interview and Examination and
Release of Liability

I, _____, being the parent, guardian or other person authorized to act on behalf of the Youth, _____, do hereby understand, accept and authorize, the Department of Health and Human Services, the investigating Law Enforcement Agency, Medical Personnel and a trained Child Forensic Interviewer, to examine and evaluate the Youth for evidence and testimony concerning possible abuse or neglect of said Youth.

I. TAPED INTERVIEW

I agree to allow the professional people of the _____ Multidisciplinary Team to perform a recorded interview of the Youth. I understand said interview will be conducted by a trained forensic interviewer and a copy of the recorded interview shall be placed into evidence at the investigating Law Enforcement Agency. I further understand said interview will be used in the investigation and prosecution of those responsible for abuse or neglect. Additionally, as a part of the investigation said interview shall also be viewed by the Montana Department of Health and Human Services regarding the allegations and information contained within and used to protect the best interest of the Youth.

II. MEDICAL EXAMINATION

I understand that based upon the interview, a medical examination may be conducted of the Youth. I understand and agree that such examination shall be conducted by trained and qualified physicians and medical professionals. I understand and agree that such medical examination may also include photographing the results of such examination. I understand and agree that the results of such examination may also be used by either the Department of Health and Human Services or the Law Enforcement Agency in the investigation and prosecution of the person(s) responsible for abuse or neglect.

III. VOLUNTARY PROCEDURE

I understand and agree that the participation of the Youth in both the interview and the examination is voluntary in nature. I understand that should either the Youth or I object to the interview and examination, I will communicate such disapproval and request the interview and examination be terminated. However, if I refuse to allow the Youth to be interviewed, the Department of Health and Human Services may request an Order from the Court requiring an interview. I agree to hold harmless the professional persons conducting such examination for any violation of the Youth's right to privacy.

IV. WAIVER OF PATIENT/PHYSICIAN PRIVILEGE AND RELEASE OF LIABILITY

I understand that the purpose behind the medical examination conducted at the recommendation of the _____ Multidisciplinary Team shall first and foremost be to treat and diagnose any illness or injuries the child may be suffering from. I also understand the nature of the examination is such that the findings will be provided to law enforcement and/or the Department of Health and

Human Services in furtherance of their investigation. As such, I understand I am waiving my rights as to patient/physician confidentiality and agree to hold harmless the physicians from any liability associated with the approved dissemination of the results of the medical examination.

V. WAIVER OF CLIENT/PATIENT PRIVILEGE AND RELEASE OF LIABILITY

I consent to an interview conducted by a trained forensic interviewer. I understand the substance of such conversations may include personal and privileged information. I understand the interviewer may have a patient/client relationship with the Youth. There may be certain client/patient privileges associated with this relationship. By undergoing such interview and examination, and given the knowledge that the interview will be viewed by others as well as provided to the differing investigating agencies, I understand that I will be waiving all rights to client/patient privileges. I agree to hold harmless the interviewer for dissemination of such information to the appropriate agencies or to testify as to the contents of the interview. However, I understand the interviewer, the investigating agency, the prosecutor and any other parties provided the information are obligated to protect the confidentiality of information pertaining to the interview.

VI. CONSENT TO INSPECTION AND USE OF INFORMATION

I consent to the inspection and/or copying of the records of this examination and/or interview to the investigating Law Enforcement Agency, the Department of Health and Human Services, and the

_____ Multidisciplinary Team/Multidisciplinary Team (MDT). In regards to the MDT, I understand this organization conducts a review of the practices and procedures of the MDT. In addition, I am aware that the interview and examination may be used for educational purposes with all efforts being made to maintain the anonymity of the child and victim.

I acknowledge I have read and understand the above set forth provisions. I understand that should I not understand any of the provisions set forth above I will not authorize said interview and examination of the Youth. I understand that all release of liability will be construed in conjunction with applicable state and federal law.

Dated this _____ day of _____, 200__.

Parent/Guardian/Responsible Party

for _____
(a minor child)

(Witness)

Dated _____