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PROFESSIONAL DISCLOSURE STATEMENT

MY ROLE

Your case has been referred to Dynamic Vocational Consulting for a vocational assessment/evaluation and to provide opinions regarding your ability to work. I may address such things as appropriate alternative employment; your wage earning capacity; return to work barriers and recommendations to overcome such, if possible. Other services may be authorized at a later date as ordered by my referral source. In general, our meeting will be limited to this one time, unless additional services are authorized. At a future point in time, I may be asked to testify in a legal proceeding regarding information obtained during this assessment and to provide my opinion as discussed above.

I am a Rehabilitation Counselor. If during or after this assessment, you believe me to have acted in an unethical manner, please contact your attorney if you are represented or the Commission on Rehabilitation Counselor Certification.

YOUR ROLE

Your role is to provide accurate information in response to my questions. If you do not understand the reason for a particular question that I ask, you have the right to request an explanation for such before responding. Depending upon the wishes of my referral source, I may or may not be providing a written report. A benefit to you by virtue of undergoing this process is that an objective and unbiased opinion will be provided regarding your employability, wage earning capacity, and barriers to employment.

CONTEXT OF SERVICES AND DISCLOSURE

I may or may not involve other professionals on my staff to assist me with various aspects of developing my opinion. Discussions regarding your case may be held with such individuals.

If this evaluation is taking place within the context of a legal action, it is important that you understand that any information that I receive from you or other sources during the course of this assessment and formulation of my opinion could be shared in my report, or, in a formal hearing or trial. The normal confidentiality considerations of a client-counselor relationship do not apply in this context. Besides these limits on confidentiality, these additional situations may require that I disclose information concerning you:

- If I believe that you are going to harm or endanger yourself or others, I am required to notify the endangered individual(s), the proper authorities and/or officials.

- If I believe you are going to harm or endanger or abuse children or the elderly, I must report this to state and local authorities.
- Requests for information from other parties (i.e. doctors, physical therapists, your employer, etc.) involved in your case may occur. If so, you would have to sign a release of information form before your records could be released. That signature is voluntary.
- If this agency or I are court ordered and a properly issued subpoena is received, then information in your file may be released.
- If you are a minor or *not* your own legal guardian, then the information in your file may be available to your legal guardian or advocate.

RISKS INVOLVED WITH VOCATIONAL REHABILITATION SERVICES

There may be some risks involved in the vocational assessment process. You may not agree with my opinion and in as much, it may not be favorable to your case. If you are currently receiving some form of benefit as a result of your legal action, my opinions may or may not have an impact on these benefits.

RECORDS PRESERVATION

To expedite communications between parties, some information regarding your claim may be electronically transmitted between parties. Dynamic is the owner of all documents produced in the course of completing this evaluation. You may not be provided a copy of the work, unless a release to you is specifically authorized by the referral source and/or payer for this assessment. All records are maintained by Dynamic Vocational Consulting for 5 years from the date of service.

ACKNOWLEDGMENTS

Before signing this form, please ensure that you fully understand the following topics:

- My role and responsibility
- Your role and responsibility
- Context of services and disclosure
- Risks involved with vocational rehabilitation services
- Records preservation

By signing this form, I attest that I have discussed the aforementioned topics with the counselor and that I understand the information discussed as well as the information contained within this document.

Signature of Individual

Date

Printed Name of Individual

Signature of Consultant

Date

Claire Heusinger, M.S., CRC, CVE, CLCP, MSCC
Printed Name of Consultant