

FORENSIC CONDITIONAL RELEASE PROGRAM

HIPAA PRIVACY RULE
45 C.F.R. § 164.508Confidential Patient Information
See Welfare & Institutions
Sec. 5328 and Penal Code 11142**TERMS AND CONDITIONS OF OUTPATIENT TREATMENT**

DSH 7018 (rev. 6/2023)

California Department State Hospitals
Community Forensic Partnerships Division
Community Safety Plan
Terms and Conditions of Outpatient Treatment

**Patient Name:****Date:*****ADVISORY***

The California Department of State Hospitals is responsible to provide Outpatient Treatment through the Forensic Conditional Release Program (CONREP). The Department contracts with Liberty Healthcare (Liberty) to provide you Outpatient Treatment through Sexually Violent Predator (SVP) CONREP.

Your placement on Outpatient Treatment in CONREP depends upon your acceptance of the following Terms and Conditions of Outpatient Treatment (pursuant to California Penal Code section 1604 (b)). Your acceptance of these Terms and Conditions does not automatically guarantee that you will be released to, or retained on, Outpatient Treatment status.

If you are accepted into CONREP, any failure by you to abide by these Terms and Conditions may result in various actions, including hospitalization and/or revocation of your Outpatient Treatment status in CONREP. If your Community Program Director (CPD) believes that you are clinically in need of inpatient treatment and/or can no longer be safely treated in the community, you may be hospitalized at either a state hospital or other designated facility. Your CPD will be responsible to report your progress in the program and your compliance with these Terms and Conditions of Outpatient Treatment to the legal authority authorizing your Outpatient Treatment status.

This document consists of this Advisory, General Terms and Conditions and Special Terms and Conditions of Outpatient Treatment in SVP CONREP. The Terms and Conditions necessary for you to be accepted into and maintained in the program are attached to this agreement and are incorporated into this agreement. By initialing each one, you indicate that you understand the condition and that you will fully comply with it. If you have any questions about the meaning of any condition, please discuss it with the CPD, or their designee.

FORENSIC CONDITIONAL RELEASE PROGRAM

HIPAA PRIVACY RULE
45 C.F.R. § 164.508Confidential Patient Information
See Welfare & Institutions
Sec. 5328 and Penal Code 11142**TERMS AND CONDITIONS OF OUTPATIENT TREATMENT**

DSH 7018 (rev. 6/2023)

**SECTION A
GENERAL TERMS AND CONDITIONS**

- 1) **Active Participation:** I will comply with, and actively participate in, all treatment requirements and directives which are communicated to me by my CPD, or their designee. I will be available to respond to Liberty staff, when needed.

Initial

- 2) **Community Safety Team (CST):** Your treatment and supervision will be overseen by the CPD, who will consult with the Community Safety Team (CST), which includes your assigned psychiatrist (if applicable), your assigned group and individual therapist(s), a representative(s) from DSH, and Liberty SVP CONREP staff, consisting of the CPD, Clinical Director, Assistant Program Director and/or your Regional Coordinator. Other CST participants may include, a representative of local law enforcement, the District Attorney or their designee, your counsel, a polygrapher, a sexual arousal assessment provider and a victim advocate. The CPD, or their designee, is chair and will facilitate this group. At the CPD's discretion, this group may freely exchange information related to your treatment and supervision. This information will be used in regular court reports and may be a component of required court testimony. By your initials here, you authorize Liberty to exchange information with members and participants of the CST.

Initial

- 3) **Disclosure of Information:** I will not disclose the names of my treatment providers, CST members, or Liberty staff to any media, or any other person that does not need to know or is not involved in my treatment or supervision.

Initial

- 4) **Release of Information (ROI):** I consent to and authorize individuals and/or entities with relevant information about my medical care or community reintegration and the CPD, or their designee, permission to discuss and/or receive confidential protective health or employment information and/or records, such as, but not limited to, medical providers, substance abuse information, employers, etc., as necessary to monitor my performance in the community. I will comply with any request for written authorization to discuss or receive records as necessary and I shall execute a Release of Information authorizing release of all such information.

Initial

- 5) **Obey All Laws and Report Law Enforcement Contact:** I will obey all laws and promptly report to my CPD, or their designee, at the earliest possible time the fact that I have been arrested for, charged with, detained, or questioned by any law enforcement agent regarding any matter.

Initial Patient's Initials and Date

FORENSIC CONDITIONAL RELEASE PROGRAM

HIPAA PRIVACY RULE
45 C.F.R. § 164.508Confidential Patient Information
See Welfare & Institutions
Sec. 5328 and Penal Code 11142**TERMS AND CONDITIONS OF OUTPATIENT TREATMENT**

DSH 7018 (rev. 6/2023)

- 6) **Residence:** I will maintain a residence approved by Liberty SVP CONREP and will not relocate from that residence without the prior written approval of my CPD, or their designee. If circumstances require an overnight stay at a location other than my fixed residence, at the direction and/or authorization of the CPD, or their designee, including but not limited to a hotel/motel, family or friend's residence or other temporary relocation, I will abide by all terms and conditions as if I were in my own residence.

Initial

- 7) **Home Visits:** I will submit to scheduled and unscheduled visits to my residence by any person delegated by my CPD to conduct such residential visits. All visitors to my residence must be preapproved by the CPD, or their designee.

Initial

- 8) **Searches:** I agree to submit to a search of my person, residence, automobile, electronic devices, and any property under my control by my CPD or designee. Law enforcement may search with approval of my CPD, or their designee.

Initial

- 9) **Supervision:** I agree to surrender to local law enforcement at the request/direction of the CPD, or their designee, pursuant to Penal Code (PC) section 1610. (For a copy of PC1610, you may ask your CPD.)

Initial 10) **Sex Offender Registration:**

- a. I will notify my CPD, or their designee, of my specific plans to register as a sex offender no less than 14 days in advance of the required registration or address verification date, if available.

Initial

- b. I recognize that this responsibility shall continue to be a legal obligation for me for the remainder of my life as long as I reside or am domiciled within California. I acknowledge that I am responsible for keeping up to date of any changes in this reporting law and for full compliance with any such changes. I further understand that it is a crime for me to fail to comply with any applicable registration requirements, including the provisions of Megan's Law.

Initial

- c. **Change of Address:** Pursuant to Penal Code Section 290.012(a)- I will register as a sex offender with the local law enforcement authorities in my area of residence within five (5) working days of my becoming domiciled in any California community and within five (5) working days of any change or residency.

Initial Patient's Initials and Date

FORENSIC CONDITIONAL RELEASE PROGRAM

HIPAA PRIVACY RULE
45 C.F.R. § 164.508

Confidential Patient Information
See Welfare & Institutions
Sec. 5328 and Penal Code 11142

TERMS AND CONDITIONS OF OUTPATIENT TREATMENT

DSH 7018 (rev. 6/2023)

- d. **Annual Registration:** Pursuant to Penal Code 290.012(a)- Beginning on my first birthday following my initial registration or change of address, I am required within five (5) working days before or after my birthday to register annually with the local law enforcement authorities in my area of residence; however, Liberty SVP CONREP requires annual registration to be completed on my date of birth, or within four (4) working days prior to my birthdate.

Initial

- e. **90-day Registration:** Pursuant to Penal Code 290.012(b)- As defined in Section 6600 of the Welfare and Institutions Code, I will, after my initial registration as an SVP or change of address, register with the local law enforcement authorities in my area of residence no less than once every 90 days and provide my place of employment, including the name and address of the employer.

Initial

- f. **Proof of Registration:** I will carry my PC 290 registration card at all times while in public and I will present it during any Law Enforcement contact.

Initial

11) Individual Treatment Program:

I will participate in the following treatment services in addition to the basic outpatient program agreed to in the General Terms and Conditions (Section A). I agree to keep all appointments and cooperate in a meaningful manner with all components of treatment, including disclosing all sexual thoughts and fantasies to my treatment providers

Initial

- a. Individual treatment as directed by my sex offender treatment professional.

Initial

- b. Group treatment as provided by my sex offender treatment professional.

Initial

- c. Psychological Assessments.

Initial

- d. Drug and alcohol screening tests.

Initial

- e. Testosterone blood levels and bone density testing; if ordered, anti-androgen therapy including injections/implants.

Initial

Patient's Initials and Date

FORENSIC CONDITIONAL RELEASE PROGRAM
TERMS AND CONDITIONS OF OUTPATIENT TREATMENT
DSH 7018 (rev. 6/2023)

HIPAA PRIVACY RULE
45 C.F.R. § 164.508

Confidential Patient Information
See Welfare & Institutions
Sec. 5328 and Penal Code 11142

12) Global Positioning System (GPS) Monitoring:

- a. I agree to 24-hour-per-day surveillance using GPS technology. **Initial**
- b. I agree to wear a GPS ankle bracelet. **Initial**
- c. I will keep my GPS device charged and fully operational. **Initial**
- d. I agree to fully participate and comply with all restrictions associated with GPS, including community areas of exclusion and inclusion. **Initial**
- e. I will comply with all necessary requirements to avoid GPS violations, including responding to Liberty staff immediately should a GPS alert occur and maintaining a landline, unless I am transient. **Initial**

13) Polygraph: I agree to submit to polygraph examinations upon the request of my CPD, or their designee. I agree to answer polygraph questions and complete any pre-polygraph assignments regarding my treatment and any events occurring after my release to outpatient treatment. I also agree to answer questions related to my history of sexually deviant behavior.

Initial

14) Assessments: I agree to participate in forensic/psychological assessment and complete assessment measures as clinically indicated by the CONREP treatment team/therapist (e.g., PPG, Visual Reaction Time, and other assessment instruments deemed appropriate by the California Forensic Assessment Project (CFAP) evaluator).

Initial

15) Assistance with Collateral Contacts: I authorize and will assist the Program in identifying and contacting individuals and/or agencies, such as chaperones, friends, family, and employers, that the Program may wish to contact during the course of my CONREP Outpatient Treatment in order to facilitate evaluation of my behavior in the community. I authorize the CPD, or their designee, to discuss my community adjustment and will comply with any request for written authorization, including any request to execute a release of information, to discuss or receive records with these individuals and/or agencies as necessary to monitor my performance in the community.

Initial

Patient's Initials and Date

FORENSIC CONDITIONAL RELEASE PROGRAM

HIPAA PRIVACY RULE
45 C.F.R. § 164.508Confidential Patient Information
See Welfare & Institutions
Sec. 5328 and Penal Code 11142**TERMS AND CONDITIONS OF OUTPATIENT TREATMENT**

DSH 7018 (rev. 6/2023)

16) Drug and/or Substance Prohibition and Testing:

- a. I will not use, possess, handle, traffic in, transport, or otherwise be involved with any illegal narcotics/dangerous drugs or controlled substances, including alcohol and cannabis. I will not use any legal medication (with or without a prescription), including any over-the-counter medication (e.g., acetaminophen, ibuprofen, aspirin, antacids, decongestants, antihistamines, sleep medications, stimulants etc., unless I have first discussed this usage with my designated physician and informed my CPD, or their designee.

Initial

- b. I will submit to scheduled and unscheduled toxicology screenings, including urine, to determine any use of substances, legal or illegal, which are prohibited in these Terms and Conditions of Outpatient Treatment.

Initial

- c. I will not knowingly purchase, have in my possession, or consume substances sold for the purpose of altering the results of any Substance Abuse Testing.

Initial

- d. I will not engage in any testosterone replacement therapies or take any substances (including pharmacological and herbal supplements) or devices intended to increase my sexual drive, sexual performance or testosterone level, without the written permission of my CPD, or their designee, in consultation with the CONREP medical provider.

Initial

- e. I will not participate in employment, volunteer, recreational or leisure activities that involve or include the use of alcohol or other prohibited substances, unless approved by my CPD, or their designee.

Initial

- 17) Smoking Prohibition:** I will not smoke cigarettes, cigars, electronic cigarettes, vape or use any other tobacco product while on conditional release.

Initial

- 18) Marijuana Prohibition:** I will not use recreational or medical Marijuana and/or by-products while on conditional release.

Initial

- 19) Alcohol Prohibition:** I will totally abstain from the use of alcohol and will not visit places where alcohol is the primary item of sale, unless otherwise granted by the CPD, or their designee.

Initial Patient's Initials and Date

FORENSIC CONDITIONAL RELEASE PROGRAM

HIPAA PRIVACY RULE
45 C.F.R. § 164.508Confidential Patient Information
See Welfare & Institutions
Sec. 5328 and Penal Code 11142**TERMS AND CONDITIONS OF OUTPATIENT TREATMENT**

DSH 7018 (rev. 6/2023)

20) Compliance with Medical Treatment:

- a. I will comply with my prescribed medical treatment and medication, including injectable medication, when ordered by a licensed physician. I understand that this also means that I will comply with all medical appointments, laboratory/ testing procedures determined necessary by the physician as a result of my participation in the prescribed medication regimen.

Initial

- b. I will inform the CPD, or their designee, of all medical treatment and medications I receive from any physician. Except in an emergency, I will notify the CPD, or their designee, prior to any appointment for medical care and will provide the name of the physician and the reason for my visit. If the physician prescribes medications, I will call the CPD, or their designee, to report the medication name, dosage amount, and duration of the treatment

Initial

- c. I will discuss any medication side-effects with my prescribing doctor and my CPD, or their designee, as soon as I experience them. I understand that any refusal by me to take any prescribed medication while in the community may result of my re-hospitalization.

Initial

- d. I will sign a Release of Information (ROI) for a general authorization/release for any medical provider, routine care or emergency visits, for the CPD, or their designee, to obtain information on my medical care. The ROI, to extend until my termination in Liberty SVP CONREP, is to enable the CPD, or their designee, to communicate with any medical provider, including routine care or emergency visits, to both provide and obtain information on my medical care.

Initial **21) Reporting:**

- a. I agree to report to any location at any time, at the direction of the CPD, or their designee.

Initial

- b. I will report to my treatment provider and my CPD, or their designee, any and all instances of sexual thoughts, fantasies and behaviors that involve minors, my past sexual offense victims or victim type or any current individuals in the community.

Initial Patient's Initials and Date

FORENSIC CONDITIONAL RELEASE PROGRAM

HIPAA PRIVACY RULE
45 C.F.R. § 164.508

Confidential Patient Information
See Welfare & Institutions
Sec. 5328 and Penal Code 11142

TERMS AND CONDITIONS OF OUTPATIENT TREATMENT

DSH 7018 (rev. 6/2023)

c. I will keep a daily journal of sexual thoughts and behaviors I experience, and the coping strategies I used in order to try to cope with these thoughts and emotions. I will share my journal with my treatment provider.

Initial

d. I will not lie to, omit significant information, or attempt to deceive my treatment providers or my CPD, or their designee. If I do, I will immediately report this transgression. I will log and discuss with my treatment provider and my CPD, or their designee any impulses to deceive that I may experience.

Initial

e. If I become aroused during and/or after the use of any electronic devices, such as watching television shows, movies, videos, visiting internet sites, telephone communications, text messaging, chat rooms, or email, I will report this intended and/or unintended event to the CPD, or their designee, and treatment provider and include in these events my journal.

Initial

22) **Curfew:** I will not be absent from my place of residence, except for an emergency, between the hours of :00 pm to :00 am. During the other hours I may not be absent from my place of approved residence for more than sequential hours. Any change of this particular term and condition requires prior written approval from my CPD, or their designee.

Initial

23) **Victim Contact Prohibition:** I will not have any direct or indirect (through a 3rd party) contact or communication with the victim(s) of my crimes or victim's family without the prior written approval of the CPD, or their designee. This includes telephone contact, letters, mail, and all forms of internet contact, visiting or frequenting the place of their residence, work, or crime scene whether they are present or not.

Initial

24) **Contact with Other Sex Offenders:** I will not knowingly have contact with other sex offenders outside of the treatment environment without the prior approval by the CPD, or their designee. If any of these individuals contact me, I will notify my CPD, or their designee, immediately.

Initial

25) **Association with Criminals Prohibition:** I will not knowingly associate, correspond or have contact with persons who have been arrested for, charged with, convicted of, or involved in any criminal activity without the prior authorization of the CPD, or their designee.

Initial

Patient's Initials and Date

FORENSIC CONDITIONAL RELEASE PROGRAM

HIPAA PRIVACY RULE
45 C.F.R. § 164.508

Confidential Patient Information
See Welfare & Institutions
Sec. 5328 and Penal Code 11142

TERMS AND CONDITIONS OF OUTPATIENT TREATMENT

DSH 7018 (rev. 6/2023)

26) **Weapons Prohibition:** Unless authorized by the CPD, or their designee, I will not own, use, possess, receive, transport, or have access to any implement or device manufactured, obtained, or retained that could be used for the purpose of threatening or inflicting physical harm upon another person, including but not limited to firearms, ammunition, hunting knives, swords, spears, bondage devices, or other objects that could reasonably be used as a weapon. I will not knowingly associate or participate in any activities with persons known to carry weapons without the prior written authorization of the CPD, or their designee. This includes, but is not limited to, my place of work and residence. (For a copy of Penal Code Section 12020, you may ask your CPD, or their designee.)

Initial

27) **Gambling Prohibition:** I will not participate in gambling while on Conditional Release. I understand this includes participation in activities where money or meaningful property is wagered by any means including, and not limited to, casinos, card games, slot machines, dice games, sports, scratchers, or lottery ticket purchases. If unclear, I will consult my CPD or their designee before participating in such activities.

Initial

28) **Clothing:** I will be responsible for being fully and appropriately clothed at all times. This includes the wearing of undergarments and clothing in places where another person may be able to view me and anywhere outside my residence, including on the property of my residence or in a vehicle. I will not urinate in any public place or space.

Initial

29) **Significant Personal Relationships:**

a. I will disclose to my CPD, or designee, and treatment provider, on an ongoing basis, all significant personal relationships I develop or plan to develop. (Significant relationships include, but are not limited to, those persons considered friends, acquaintances, and/or those with whom I have ongoing contact). I will contact my CPD, or their designee, if I have any doubt on what is considered a significant relationship. My CST will determine if a relationship is considered significant.

Initial

b. I will communicate to my CPD, or their designee, and treatment provider my intentions regarding sexual and/or romantic relationships prior to any sexual contact. In addition, I will also report to my CPD, their designee, and treatment provider any sexual contact, whether consensual or non-consensual. This report will include a range of behaviors from handholding to intimate sexual contact.

Initial

c. I will inform all persons with whom I have significant relationships about my sexual offense history as directed by, and after consultation, with my CPD, or their designee.

Initial

Patient's Initials and Date

FORENSIC CONDITIONAL RELEASE PROGRAM

HIPAA PRIVACY RULE
45 C.F.R. § 164.508

Confidential Patient Information
See Welfare & Institutions
Sec. 5328 and Penal Code 11142

TERMS AND CONDITIONS OF OUTPATIENT TREATMENT

DSH 7018 (rev. 6/2023)

- d. I will permit my CPD, or their designee, to discuss my sexual offense history with anyone that I become involved with sexually or romantically. I agree to allow this person to become a collateral contact, as defined in the collateral contact section (A.15).

Initial

30) Conditions for Situations Involving Minors: [The word “minor” as used in these Terms and Conditions means anyone under the age of 18 years (California Family Code Section 6500).]

- a. I will not initiate, establish, or maintain contact with any minor without prior written permission from the CPD, or their designee. I understand this means that I will have no direct contact with any minor whether personally, by telephone, “Internet”, “Internet” chat rooms, social media, e-mail, letter, or through another person. This includes any attempted contact with an adult when I am reasonably aware of the possibility that a minor is likely to be present, as well as my being in the immediate proximity of any minor.

Initial

- b. I will not enter into the premises, nor travel past, loiter, or frequent places where minors congregate (including, but not limited to, playgrounds, schools, video arcades and swimming pools), nor will I knowingly enter any area which is within a hundred yards of the perimeter of any elementary, secondary/middle, or high school without the prior written permission of the CPD, or their designee.

Initial

- c. At the discretion of the CPD, or their designee, I will promptly bring to the immediate attention of my CPD, or their designee, any intentional or “accidental” contact with any minor or anyone I perceive to be a minor.

Initial

- d. I will not knowingly date, have a romantic interest in, sexual relationship or socialize with, any person who has physical custody of any minor without the prior written authorization of the CPD, or their designee.

Initial

- e. I will not purchase or give any items to minors, either directly or indirectly (i.e., giving something to someone else to give to a minor), without prior approval of the CPD, or their designee.

Initial

- f. I will not go to or spend time at shopping malls, arcades, amusement parks, water parks, carnivals, fairs, or other family-oriented venues/events, or any other locations primarily frequented by or intended for minors without prior approval of my CPD, or their designee.

Initial

Patient’s Initials and Date

FORENSIC CONDITIONAL RELEASE PROGRAM
TERMS AND CONDITIONS OF OUTPATIENT TREATMENT
DSH 7018 (rev. 6/2023)

HIPAA PRIVACY RULE
45 C.F.R. § 164.508

Confidential Patient Information
See Welfare & Institutions
Sec. 5328 and Penal Code 11142

31) Electronic Devices and Computer Restrictions:

- a. I will not possess a Smartphone, Smartwatch, or video- or photo-capable or internet capable cellular telephone or device without prior approval of the CPD, or their designee.

Initial

- b. I will not possess any electronic items that have potential internet connectivity such as e-readers, netbooks, tablets, laptops, desk-top computers with modems, or cellular telephones or smart phones or smart watches without prior approval by the CPD, or their designee.

Initial

- c. Computer or similar devices must be approved by the CPD, or their designee, I agree to install, at my own expense, equipment and/or software to monitor or limit computer use, when requested by my CPD, or their designee. I will not use any electronic devices without monitoring software.

Initial

- d. I will not go to social network websites or use any kind of social networking tools even if I receive Internet and/or computer use privileges.

Initial

- e. I agree to unannounced examination by my CPD, or their designee, of any computer or electronic devices to which I have access, as well as computer files, including those stored on hard drives, floppy or CD-ROM discs, or any other removable or transportable media. I will not possess any hard or external drives, or electronic storage devices without the approval of the CPD, or their designee.

Initial

32) Operation of a Motor Vehicle:

- a. I will not operate, purchase, or possess a motor vehicle unless and until I receive written authorization from the CPD, or their designee.

Initial

- b. I will not drive a motor vehicle, have any passengers or be a passenger without the prior written permission of the CPD, or their designee.

Initial

- c. I will not engage in any form of hitchhiking, including picking up hitchhiker(s) nor ask or invite any person for a ride in a car.

Initial

Patient's Initials and Date

FORENSIC CONDITIONAL RELEASE PROGRAM
TERMS AND CONDITIONS OF OUTPATIENT TREATMENT
DSH 7018 (rev. 6/2023)

HIPAA PRIVACY RULE
45 C.F.R. § 164.508

Confidential Patient Information
See Welfare & Institutions
Sec. 5328 and Penal Code 11142

33) Other Prohibited Items and Activities:

a. I will not possess cameras, video camera recorders, movie cameras, viewers, or any type of video and/or camera equipment without the prior approval of the CPD, or their designee.

Initial

b. I will not possess binoculars or telescopes unless approved by the CPD or their designee.

Initial

c. I will not possess a shredder without the prior approval of the CPD, or their designee.

Initial

d. I will not possess children’s clothing, toys, games, etc. without the prior approval of the CPD, or their designee.

Initial

e. I will not watch, possess, own, or have in my residence, any books, magazines, catalogues, printed or digital material, movies, videos, DVDs, etc. primarily featuring minors, contains scenes of sexual violence or whom children are the primary intended audience, without the approval of the CPD, or their designee.

Initial

f. I will not view, purchase, have access to, use, possess or control any type of sexually stimulating, or sexually oriented material, whether oriented to adults or minors, such as, but not limited to, pictures, magazines, video tapes, television shows, movies, DVDs or internet sites for purposes of sexually arousing me, using the stimulus as an action for my deviant cycle, unless prior approval is given by the CPD, or their designee.

Initial

g. I will not possess binding restraints, handcuffs, or other such devices.

Initial

h. I will not patronize or frequent areas of sexual or pornographic activity, whether oriented to adults or minors such as, but not limited to, adult bookstores, massage parlors, topless bars, sex toy/novelties shops or other such places.

Initial

Patient’s Initials and Date

FORENSIC CONDITIONAL RELEASE PROGRAM
TERMS AND CONDITIONS OF OUTPATIENT TREATMENT
DSH 7018 (rev. 6/2023)

HIPAA PRIVACY RULE
45 C.F.R. § 164.508

Confidential Patient Information
See Welfare & Institutions
Sec. 5328 and Penal Code 11142

- i. I will not utilize any “pay for call” telephone service (e.g., 900 area code numbers) specifically oriented to sexual discussion of any kind or “Internet” chat room sites.

Initial

34) Travel Restrictions:

- a. I will not travel outside the county of my authorized residence without a written request and a prior written approval by my CPD, or their designee; nor will I travel outside the State of California without prior written approval from the court with jurisdiction. I will not use public transportation, taxi, or rideshare without CPD, or their designee, and the court’s approval.

Initial

- b. I will not visit or be in the vicinity of any state, county, federal or public parks, beaches, trails, or pools, without prior approval of the CPD, or their designee.

Initial

- c. I will stay on well-travelled and public walking and driving routes, when possible. I will avoid isolated areas where minors or anyone fitting my victim profile might congregate.

Initial

35) Employment or Volunteering:

- a. I agree to actively seek volunteer or paid work opportunities as directed and approved by my CPD or designee. I will participate in career training, self-help groups, college, or other activities as directed and approved by my CPD or designee. I agree to sign a Release of Information (ROI) authorizing Liberty SVP CONREP personnel to speak with my paid work or volunteer opportunity.

Initial

- b. I will not accept any employment (e.g., full-time, part-time, contract) or volunteer opportunities without prior approval of the CPD, or their designee. I will cooperate with my Regional Coordinator in notifying the employer or volunteer coordinator of my status as a PC 290 registrant and of my related Terms and Conditions.

Initial

- 36) **Religion:** I will not attend any religious congregation without informing the religious leader(s) at the specific location (e.g., priest, minister, reverend, rabbi, imam, etc.) of my history of sex offending. This disclosure will be verified by my CPD, or their designee.

Initial

Patient’s Initials and Date

FORENSIC CONDITIONAL RELEASE PROGRAM

HIPAA PRIVACY RULE
45 C.F.R. § 164.508

Confidential Patient Information
See Welfare & Institutions
Sec. 5328 and Penal Code 11142

TERMS AND CONDITIONS OF OUTPATIENT TREATMENT

DSH 7018 (rev. 6/2023)

37) **Community Organizations:** I will not initiate any contact with community organizations (e.g., SPCA, LGBTQ+, senior centers, Rotary Club) without prior approval of the CPD, or their designee.

Initial

38) **Pets:** I will not purchase, acquire, or possess any pets without approval of the CPD, or their designee.

Initial

39) **Daily Schedule:**

a. I will develop a daily schedule of proposed activities in collaboration with and approved by my CPD, or their designee. I will take part in the activities I have scheduled. If I am unable to follow through with these activities, I will discuss this with my CPD, or designee, first. Changes in this term are under the authority of the CPD, or their designee.

Initial

b. I agree to keep a daily activity log in which I will log the date, time, and destination of all my travels and daily activities unless otherwise approved by the CPD, or their designee. I understand that this journal will be used in conjunction with the Global Positioning System (GPS) and will be utilized as a relapse prevention tool as well. I agree the journal will be available, at the direction of my CPD for review by law enforcement.

Initial

40) **Finances, Self-Support, and Responsibility for Cost of Care:**

a. I agree to cooperate and be transparent with the CPD, or their designee, with all fiscal information in disclosing all incomes, purchases, and expenditures.

Initial

b. **Benefits Applications:** I agree to apply for any financial benefits to which I may be entitled as directed by the CPD, or their designee, I am under no obligation to apply for any loans, such as General Assistance. I also agree to advise the CPD, or their designee, of the progress of such application including the award and receipt of payment.

Initial

Patient's Initials and Date

FORENSIC CONDITIONAL RELEASE PROGRAM

HIPAA PRIVACY RULE
45 C.F.R. § 164.508

Confidential Patient Information
See Welfare & Institutions
Sec. 5328 and Penal Code 11142

TERMS AND CONDITIONS OF OUTPATIENT TREATMENT

DSH 7018 (rev. 6/2023)

c. Major Life Decisions: I will consult with and obtain written authorization from the CPD, or their designee, before making any major life decision including (but not limited to) purchasing a car, entering into marriage, divorce, or sexual relationship, purchasing a home, entering into any lease agreement for either a home or apartment, or entering into financial loans or obligations and/or purchase of more than \$500. I will be transparent in providing Liberty CONREP SVP my financial income and expenditures, including an accurate accounting of all accounts, investments, and monies. I will not divert money to other people or accounts to avoid transparent financial accounting.

Initial

d. I agree to use any resources or income that I have available to me (including, but not limited to, SSI/SSP, Veterans Disability, Social Security Disability, savings, annuities, or retirement benefits) to pay for my basic food, clothing, shelter, and personal and incidental expenses. All retroactive lump sum payments are included in such sources of income. I further agree to comply with any reimbursement agreement for any funds granted to me through Liberty SVP CONREP Life Support Funds.

Initial

41) Personal Belongings:

a. I will not offer money, gifts, shelter, food, or clothing to others without prior approval of the CPD, or their designee.

Initial

b. I understand that Liberty SVP CONREP is not responsible for my personal belongings. I agree to designate in writing an individual who will pick up and store my belongings, including approve pets, within 30 days of my return to the hospital or in the event of an unauthorized absence from Liberty SVP CONREP greater than 30 days. I understand that if this does not occur, my personal belongings will be donated to a local charity organization of Liberty SVP CONREP's choice.

Initial

Patient's Initials and Date

FORENSIC CONDITIONAL RELEASE PROGRAM
TERMS AND CONDITIONS OF OUTPATIENT TREATMENT
DSH 7018 (rev. 6/2023)

HIPAA PRIVACY RULE
45 C.F.R. § 164.508
Confidential Patient Information
See Welfare & Institutions
Sec. 5328 and Penal Code 11142

SECTION B
SPECIAL TERMS AND CONDITIONS

Agreement to the following **Special Terms and Conditions for Outpatient** have been clinically determined to be essential due to individual factors of my particular case history with the indicated Reason Code. These terms are the conditions of my being released to Outpatient Treatment.

REASONS FOR SPECIAL AND INDIVIDUAL TERMS AND CONDITIONS

- 1. = History of alcohol use/abuse
- 2. = Related to Commitment Offense(s)
- 3. = Nature of Commitment Offense(s)
- 4. = Related to Previous Offense(s)
- 5. = Treatment based on Psychiatric History
- 6. = Conditions due to Current Functioning
- 7. = History of Predatory Sexual Behavior
- 8. = Individual High-Risk Element
- 9. = Other Good Cause Determined by the CPD, or their designee
- 10. = Not Applicable

1) Controlled Substances Registration:

Pursuant to Health and Safety Code Section 11590, within 30 days of my return to the community and any time I change my residence thereafter, I will register with the local police chief of my city of residence, or (if in an unincorporated area) Sheriff of the county of my residence as a person who was convicted of any applicable specified controlled substances offenses specified in Health and Safety Code Section 11590.

Reason Code

Initial

2) Arson Registration:

Pursuant to Penal Code Section 457.I, and having been convicted of arson or related charges, I will register with the local law enforcement authorities within fourteen (14) days of admission to CONREP. I am to register with the chief of police if living in an incorporated area and with the sheriff if living in an unincorporated area, or if the area does not have a police department. I shall inform in writing within ten (10) days the law enforcement agency with whom I last registered my new address if I change my residence for any reason. I acknowledge that I am responsible for keeping abreast of any changes in this reporting law and for full compliance with any such changes. I further understand that it is a crime for me to fail to comply with any applicable registration requirements.

Reason Code

Initial

Patient's Initials and Date

FORENSIC CONDITIONAL RELEASE PROGRAM
TERMS AND CONDITIONS OF OUTPATIENT TREATMENT

HIPAA PRIVACY RULE
45 C.F.R. § 164.508

Confidential Patient Information
See Welfare & Institutions
Sec. 5328 and Penal Code 11142

3) Regional Specialized Residential Program:

- a. I will fully cooperate with the staff of the **Name of Residential Treatment Program** which will treat me while in Outpatient Treatment. The Liberty CONREP SVP Program will remain my responsible program.

Reason Code

Initial

- b. I understand that my treatment and supervision has been delegated to the Liberty CONREP SVP Program and that I am responsible for fully participating in the terms and conditions of admission to the residential program.

Reason Code

Initial

- c. I further understand that I am required to sign an agreement to abide by rules which apply to my residence at the residential program. (Append copy of rules of residential program.)

Reason Code

Initial

4) Transiency:

- a. **Sex Offender Transient Registration**: Pursuant to PC 290.011(a)(b)- If transient, beginning on or before the 30th day following initial registration, I will reregister no less than once every 30 days.

Reason Code

Initial

- b. I understand that if I am, or become transient, during my Conditional Release, that my Terms and Conditions will be updated to address my circumstances. Additional terms will include but not be limited to additional movement reporting, additional contact reporting, specific movement schedules and other requirements.

Reason Code

Initial

Patient's Initials and Date

FORENSIC CONDITIONAL RELEASE PROGRAM
TERMS AND CONDITIONS OF OUTPATIENT TREATMENT
DSH 7018 (rev. 6/2023)

HIPAA PRIVACY RULE
45 C.F.R. § 164.508
Confidential Patient Information
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Sec. 5328 and Penal Code 11142

5) Special Treatment Program:

I will participate in the following special treatment services in addition to the basic outpatient program agreed to above:

a) **Socialization Program** as provided by [] on a [] basis.

Reason Code []
Initial []

b) **Substance Abuse Treatment** as provided by [] on a [] basis.

Reason Code []
Initial []

c) **Day Treatment Services** as provided by [] on a [] basis.

Reason Code []
Initial []

d) [] as provided by [] on a [] basis.

Reason Code []
Initial []

e) [] as provided by [] on a [] basis.

Reason Code []
Initial []

6) Support Groups:

I will participate in the following support group services in addition to the basic outpatient program agreed to above:

a) I will participate in Alcoholics Anonymous/Narcotics Anonymous at a predetermined minimum number of hours per week, as agreed upon by the CST.

Reason Code []
Initial []

b) I will participate in a [] support group provided by [] on a [] basis. I will provide a collateral contact from that group who can vouch for my participation.

Reason Code []
Initial []

Patient's Initials and Date []

**FORENSIC CONDITIONAL RELEASE PROGRAM
TERMS AND CONDITIONS OF OUTPATIENT TREATMENT**

HIPAA PRIVACY RULE
45 C.F.R. § 164.508

Confidential Patient Information
See Welfare & Institutions
Sec. 5328 and Penal Code 11142

7) Subcategory Title of Special Term and Condition:

Type the description of the special T&C here. A box appears when you click in this area. If no additional term is needed, delete the entire item so it does not appear. The last page should move up if the page is blank. Do not leave a blank page.

Reason Code
Initial

8) Subcategory Title of Special Term and Condition:

Type the description of the special T&C here. A box appears when you click in this area. If no additional term is needed, delete the entire item so it does not appear. The last page should move up if the page is blank. Do not leave a blank page.

Reason Code
Initial

Patient's Initials and Date

FORENSIC CONDITIONAL RELEASE PROGRAM

HIPAA PRIVACY RULE
45 C.F.R. § 164.508

Confidential Patient Information
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TERMS AND CONDITIONS OF OUTPATIENT TREATMENT

DSH 7018 (rev. 6/2023)

AGREEMENT

I understand and will comply with each of the attached TERMS AND CONDITIONS OF OUTPATIENT TREATMENT, GENERAL (Section A), SPECIAL (Section B), which I have initialed and are incorporated into this document. I understand that these Terms and Conditions will be reviewed and may be revised at least annually or when circumstances dictate. I understand that I will be provided with the revised Terms and Conditions to review and sign. The document will be provided to the court at my Annual Review.

Printed Name: _____
Applicant for Outpatient Treatment

Signed: _____,

Dated This _____ Day of _____, 20____, at _____, California

Printed Name: _____
Liberty/CONREP

Signed: _____,

Dated This _____ Day of _____, 20____, At _____, California

I have read and approved the TERMS AND CONDITIONS OF OUTPATIENT TREATMENT, GENERAL (Section A), SPECIAL (Section B), for this CONREP participant. I authorize law enforcement to apprehend and detain the identified participant, pursuant to Penal Code section 1610 and other applicable provisions of the law, in the event this participant does not comply with these TERMS AND CONDITIONS.

Signed: _____
SUPERIOR COURT JUDGE

Dated This _____ Day Of _____, 20____, At _____, California