

NEZ PERCE VOCATIONAL REHABILITATION SERVICES
INFORMED CONSENT FORM

POB 356 Lapwai, Idaho 83540

PH.: (208) 843-9395

1-866-440-11109

FAX: 843-9396

Welcome to the Nez Perce Vocational Rehabilitation Services. We are an agency of the Nez Perce Tribe serving and assisting people with disabilities that reside on or near the Nez Perce Reservation to prepare for, enter, and return to the workforce. We offer career counseling, resume assistance, work search assistance, and the KUDER testing for field placement.

General Information

All consumers complete an intake form which is used for statistical information on education and employment status of our consumers. Approval of an application may take up to six months to collect medical and other necessary information. Counseling is by appointment only. Generally each session lasts 50 minutes. The time is set aside for you. If for some reason you are unable to keep the appointment, it is important that you call the office to cancel or reschedule the appointment.

Service Parameters

The term counselor in this setting refers to someone who has a Master's degree or is working on credentials through Center for Continuing Education Rehabilitation or attending Post Employment Training American Indian Rehabilitation. If you are currently under care of a mental health professional or receiving psychotic medication, we will require a signed release of information to consult with the provider about your treatment plan.

Confidentiality

Counseling is strictly confidential. Who is in counseling and what is discussed is held in the strictest confidence. We do not exchange information with anyone outside our agency without your written permission. Exception to this policy is determined by Nez Perce Tribal and federal law and regulations. The law mandates NPVRS to report to proper authorities if someone is in imminent danger or is being abused physically or mentally and permits courts to subpoena records for legitimate reasons. 42 CFR Part 2.

NPVRS looks forward to being of assistance to you.

Your Signature indicates you understand the information above and that you voluntarily agree to counseling (You may terminate at any time).

Signature _____ Date Signed _____