



TENNESSEE SEX OFFENDER TREATMENT BOARD

EVALUATOR/PROVIDER AGREEMENT

This EVALUATOR/PROVIDER AGREEMENT represents the binding contractual terms between the State of Tennessee, the Sex Offender Treatment Board, and the Approved Sex Offender Treatment Provider. This Agreement is entered into under the Sex Offender Treatment Board’s legislatively enacted authority to develop sex offender treatment guidelines, standards, and the Board’s custodianship of legislatively appropriated funds under Tenn. Code Ann. § 39-13-704.

As an Approved Sex Offender Treatment Evaluator/Provider, I acknowledge, understand, and agree to the following:

1. I understand that I must comply with all Board policies and directives in accordance with the Board’s legislatively enacted authority to develop sex offender treatment guidelines and standards.
 - a. By my initial, I am agreeing that I have read and will follow the following policies:
 - i. Policy 1 - Philosophy of Sex Offender Treatment _____
 - ii. Policy 2 - Standards and Guidelines _____
 - iii. Policy 3 - Best Practices _____
 - iv. Policy 4 - Peer Supervision Requirements _____
 - v. Policy 5 - Communication and Information Sharing _____
 - vi. Policy 6 - Clinical Audit and Review _____
 - vii. Policy 7 - Lapsed Suspended License _____
 - viii. Policy 8 - Individual Therapy _____
 - ix. Policy 9 - Conflict of Interest _____
 - x. Policy 10 - Supervision of Approved Providers/Evaluators _____
 - xi. Policy 11 - Monthly Summaries _____
 - xii. Policy 12 - Transitioning Offenders _____
 - xiii. Policy 13 - Telehealth _____
 - xiv. Policy 14 - Sex Offender Risk Evaluation Standard _____
 - xv. Policy 15 - Training and Continuing Education _____
 - xvi. Policy 16 - Denial _____
 - xvii. Policy 17 - Sex Offender Treatment Standard _____
2. I understand that if I am an approved Evaluator, I will follow the policy and guidelines as outlined in Policy 14 Sex Offender Risk Assessment Standard, and that failure to follow the policy may result in my removal from the Approved Evaluator list.
3. I understand that TCA 39-13-704 places financial responsibility on the offender as he is able to pay.
4. I understand that reimbursement rates from the Sex Offender Treatment Fund are established by the Board. I understand that I may not charge an indigent offender a co-pay above the rate established by the Board.



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5. I understand that the purpose and goal of sex offender evaluation and treatment is to identify risks and reduce sexual re-offending. Therefore, I agree to accept indigent clients into my practice and not turn clients away from service simply because their payment source is the indigent fund.
6. I will allow monitoring of my sex offender-specific therapy efforts by the Board, including complaints and site visits. I agree to allow the Board to conduct clinical reviews of my reports and records to ensure compliance with the Board standards.
7. I understand that records relating to treatment in which I have sought reimbursement from the sex offender treatment fund are subject to audit by the Department of Correction and/or the Comptroller of the Treasury.
8. I understand the board may withdraw my privilege of being included in the statewide evaluator/provider list for noncompliance with Tenn. Code Ann. Title 39, Chapter 13 -Standardized Treatment for Sex Offenders.
9. I will participate in the confidential quality improvement process as outlined by the board.
10. I understand that if I have concerns that I want to bring to the attention of the Board, I can contact a Board member or the relevant Department of Correction official.
11. I agree to comply with TCA 40-39-211 Tennessee Sexual Offender and Violent Sexual Offender Registration, Verification, and Tracking Act of 2004.
12. I recognize that by participating in this training I am acknowledging that I am willing to subscribe to the treatment philosophy held by the State of Tennessee Sex Offender Treatment Board.
13. I understand that attendance at the annual training or my signature on this agreement does not guarantee my placement on the Approved Provider or Approved Evaluator list and that placement on the list is dependent upon my ability to meet the Approved Treatment Provider Qualifications as outlined by the Board.

Furthermore, I recognize that the training provided by the Board itself does not qualify me as an expert in sex offender treatment.

PRINTED PROVIDER NAME

DATE

PROVIDER SIGNATURE

LICENSE #/DATE OF EXPIRATION

EMAIL ADDRESS

PHONE NUMBER



**TENNESSEE SEX OFFENDER TREATMENT BOARD
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Please list all addresses to be listed on the Approved Provider List

1. _____
STREET ADDRESS

CITY/ZIP CODE

2. _____
STREET ADDRESS

CITY/ZIP CODE

3. _____
STREET ADDRESS

CITY/ZIP CODE

4. _____
STREET ADDRESS

CITY/ZIP CODE

5. _____
STREET ADDRESS

CITY/ZIP CODE

6. _____
STREET ADDRESS

CITY/ZIP CODE

Mailing Address for Board Communication:

1. _____
STREET ADDRESS

CITY/ZIP CODE

*****It is the Provider's responsibility to notify the Board of any changes to the above information*****