

South Carolina Department of Probation, Parole and Pardon Services

Additional Conditions of Supervision for Mental Health

1. I shall make complete and truthful reports to my agent. I shall report as instructed and make myself available for contact in the community with my agent as the supervision guidelines for mental health dictate and understand that as I progress through supervision, the frequency of contact with my agent may be increased or decreased.
2. I shall provide a current address and contact number to my agent. I shall allow my agent to visit me in my home, my place of employment or elsewhere at any time. I will notify my agent immediately if my address, contact number or employment changes. I shall notify my agent immediately if I become homeless and report as instructed.
3. I shall keep my agent informed of all medications I am currently taking and will immediately report any changes in medications.
4. I shall work on my individual supervision plan as created. I shall be prepared to show my progress made on each of these goals as instructed.
5. I shall meet with my agent and clinician to discuss any individualized treatment plans that outline goals and objectives of the treatment and the methods used to achieve these goals as needed.
6. If referred, I shall attend, actively participate in, and fully engage in services with a department-approved treatment program and follow the recommendations set forth by the provider. I understand that these services are at my own expense where applicable. I waive all rights to confidentiality between myself and my treatment provider to my agent who is bound by the confidentiality provisions of S.C. Code Section 24-21-290. I authorize my treatment provider to disclose to my agent, the court, the parole board, the hearing officer or releasing authority, information about my attendance and participation in services.
7. I shall attend to the SCDPPPS Mental Health Support Council as instructed and I shall comply with any behavior contracts imposed by the hearing officer.
8. I understand the importance of maintaining stable housing, compliance in taking medications as prescribed, and compliance in attendance and active participation in treatment and agree to work towards success in each of these areas.

I have read, or had read to me, the above conditions and I understand their meaning. I have received a copy of these conditions. I shall comply with these conditions and understand that any violation could result in the court, parole board, or releasing authority revoking my supervision and reinstating my sentence or returning me to prison. If I refuse to accept these conditions I understand my agent may bring my case before the court, parole board, or releasing authority and request that my term of supervision be revoked and my sentence be reinstated.

Offender's Signature

Date

Agent's Signature

Date

Offender's Name (Printed)

Agent's Name (Printed)