

CONSENT FOR TREATMENT USING EXPOSURE THERAPY

The purpose of this form is to request the client's consent for treatment through exposure therapy. By signing below, the client acknowledges that he/she has read the following information and grants consent to participate in exposure therapy with _____ (*name of therapist/practice*).

During exposure therapy, a client is exposed to the object or situation of his/her fears and anxiety in order to experience, and eventually manage, the emotional discomfort. All exposures are designed to be safe and non-threatening, and performed over time in a gradual, structured manner. The exposures are conducted in the presence of the therapist who helps the client work through the anxiety that arises while confronting those fears. The end goal is to help clients recognize that avoiding a feared situation only increases their anxiety, while confronting the situation actually reduces or eliminates the anxiety.

It is important to note that a client engaging in exposure therapy may experience uncomfortable feelings including sadness, anger, fear, helplessness, and stress. Additionally, _____ (*name of therapist/practice*) cannot guarantee specific outcomes of exposure therapy. If you have questions about exposure therapy, we encourage you to discuss them with your therapist.

The client understands that he/she is responsible for transportation to and from any site outside of the therapist's practice or client's home at which the exposure therapy will be conducted. _____ (*Name of therapist/practice*) may not be held responsible for any loss, injury, damages, and/or death that occurs, to the fullest extent permitted by law, as a result of the client's travel to and from the site of the exposure therapy.

We will make every effort to ensure your protected health information (PHI) is kept private. However, due to the nature of any exposure therapy taking place in public settings, a client's treatment may be performed in the presence of others, and his/her PHI may be incidentally disclosed to others.

Please initial to acknowledge you understand and agree with the above statements:

_____ I acknowledge my therapist may ask me to engage in activities that I have been avoiding due to the sensations or fear they cause me.

_____ I understand I may experience anxiety, fear, or other overwhelming feelings, which is the purpose for this treatment. However, I will not be put in a situation against my will, or exposed to objects or situations that endanger my health or safety.

_____ Even though I can stop at anytime, my therapist will encourage me to continue to experience my discomfort or fear, which is necessary for my symptoms to improve.

_____ I understand if I decide I no longer want to engage in exposure therapy, I can revoke my consent at any time, and exposure therapy will be terminated immediately.

_____ I understand when sessions are held outside of the office, my therapist will provide the same level of care, with the same rights and protections.

_____ If sessions are held outside the office, I consent to have my therapist be in public with me. I understand confidentiality will be a priority, but my PHI may be unintentionally disclosed.

_____ I acknowledge I will use my insurance (*personal, automobile, etc.*) to place claims to cover any damages, or injury to self or others, that may occur before, during, or after the session.

_____ I agree that _____ (*name of therapist/practice*) will not be held liable for any and all potential damages that may occur due to the actions of myself or others.

_____ I understand and accept I will be charged for my therapist's time, which includes any of his/her travel time.

I have read and agree to the above statements and provide my agreement to participate in exposure therapy.

_____ Date: _____
Client Printed Name

Client Signature