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Sex Addict(SA) Client Consent for Clinical Full Disclosure(FD)

Please read and initial the following statements, if you have discussed with your therapist and agreed to participate in FD. Sign and date on third page:

- I, _____ (print name) understand that FD is a part of the standard of care for sex addiction recovery _____ (Initial here)
- **I give** consent to allow the BP to join me in my clinical session to facilitate FD and PD meetings _____ (Initial here)
- **I agree that** my questions and concerns regarding FD have been answered by my therapist _____ (Initial here)
- **I understand** that I am not required to participate in FD, if I choose not to do so _____ (Initial here)
- **I have** worked with a professional clinician, one who is licensed and certified, to support my process of FD _____ (Initial here)
- **I have** been given materials, prep sheets, instructions, reading recommendations, and a careful process of preparation and support by my therapist _____ (Initial here)
- **I have** the support of a sponsor, 12-step group, and other safe supports in place _____ (Initial here)

- **I agree** to contact 911, my therapist, and other safe supports, if I feel I am a risk to myself or another person _____ (Initial here)
- **I agree** not to abuse substances or participate in risky self-harm behaviors pre- or post-disclosure, including sexually acting out _____ (Initial here)
- **I agree** to arrive sober to FD _____ (Initial here)
- **I agree** to take a polygraph as part of FD, if the BP requests this _____ (Initial here)
- **I understand** the limits of confidentiality (child abuse, downloading, producing or watching child pornography, elder abuse, dependent adult abuse) as outlined in my initial client intake and informed consent forms _____ (Initial here)
- **I understand** that should I disclose anything that falls inside the limits of confidentiality, my therapist is a mandated reporter, and is legally required to disclose this information to the proper authorities _____ (Initial here)
- **I agree** to be responsible for any additional fees (this would include adjunct professionals, longer sessions, materials as needed), as part of the FD process _____ (Initial here)
- **I agree** to participate respectfully and to request a time-out, if needed, during FD _____ (Initial here)
- **If I am feeling overwhelmed**, ill, or faint, I understand that I can ask to stop FD _____ (Initial here)
- **I agree** to drive separately, and if I am feeling as if I may need someone to drive me due to anxiety, I will discuss this with the BP, and we will decide on a safe person to drive me _____ (Initial here)
- **I agree** to continue my therapy, and to complete the other parts of FD, including the ER (letter of apology) for the BP and meeting _____ (Initial here)

- **I agree** to alert my therapist, if I am feeling at risk for suicide or homicide _____ (Initial here)
- **I understand** that there is no way for my therapist to predict the outcome PD. Possible outcomes may include: separation, divorce, impact on emotional well-being, challenging feelings, law suits, public or private exposure, loss of respect and trust by the BP _____ (Initial here)

Client _____ Signature _____
Date _____

FOR YOUR OWN SAFETY, AND IN ORDER FOR YOUR THERAPIST TO BEST SUPPORT YOU DURING FD, PLEASE RETURN THESE FORMS TO YOUR THERAPIST ONE WEEK PRIOR TO YOUR FD DATE. FD WILL NOT CONTINUE WITHOUT THESE FORMS IN PLACE.