**Authorization & Statement of Understanding:  
Exposure Therapy**

The purpose of this form is to review the policies and request the Client’s, and/or his/her Parent/Guardian’s consent for treatment through exposure therapy. By signing below, the Client, and/or his/her Parent/Guardian, acknowledges that he/she has read the following information and wishes to provide his/her informed consent for the Client to participate in exposure therapy with the North Suburban Center for Anxiety, LLC.

Exposure therapy is a form of behavior therapy whereby the Client is exposed to his/her fears, which may include an object, situation/context, or people, in a non-threatening, planned manner and in the presence of the Client’s therapist, who is able to provide the Client real-time therapy to work through the emotions upon confrontation with the specific fear(s). Generally, exposure therapy is implemented in a gradual structured process and fears are confronted in a hierarchical, prolonged and planned manner. For example, the therapist might meet an adolescent Client presenting with school anxiety at his/her school, or with an individual fearing social situations at a nearby place of public gathering.

Clients with questions regarding exposure therapy should speak with their therapist and **must** complete this Informed Consent & Release for Exposure Therapy form and return it to the North Suburban Center for Anxiety, LLC **prior to** commencing this type of therapy.

As with all forms of therapy, a Client engaging in exposure therapy may experience uncomfortable feelings including, but not limited to, sadness, anger, fear, frustration, loneliness, helplessness and stress. Additionally, it is important to understand that the North Suburban Center for Anxiety, LLC cannot guarantee the benefits or specific outcomes of exposure therapy or that it will yield positive or intended results for the Client. No therapist can make such a guarantee because each Client responds differently to this type of therapy. Again, should you have questions about exposure therapy you should discuss them with your therapist. Exposure therapy may be recommended by your therapist; however, it is a Client’s, and/or his/her Parent/Guardian’s, choice whether to engage in this form of therapy. After engaging in exposure therapy, should a Client decide that he/she no longer wants to engage in this form of therapy, consent may be revoked at any time and exposure therapy will be terminated immediately.

The undersigned Client, and/or Parent/Guardian, understands that he/she is responsible for transportation to and from any site at which the exposure therapy will be conducted. However, by signing below, the Client and, if applicable, his/her Parent/Guardian, agree that should the exposure therapy be taking place at a location within walking distance of the North Suburban Center for Anxiety, LLC, the Client shall be permitted to walk to the site of where the exposure therapy will occur with the therapist providing the exposure therapy, and may be released from the North Suburban Center for Anxiety, LLC to do so. The North Suburban Center for Anxiety, LLC 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.

The undersigned Client, and/or Parent/Guardian, understand that exposure therapy generally takes place in public settings outside of the North Suburban Center for Anxiety, LLC. Accordingly, by engaging in exposure therapy there is a potential risk that other individuals, known or unknown to the Client and/or therapist providing exposure therapy, may become aware of the Client receiving therapeutic services. Of course, The North Suburban Center for Anxiety, LLC, in compliance with the federal *Health Insurance Portability and Accountability Act* (“HIPAA”) regulations, is committed to protecting each Client’s health information and privacy. Our professionals will be make every effort to ensure that your protected health information (“PHI”) is kept private. However, due to the nature of exposure therapy in public settings, the Client’s treatment may be performed in the presence of other individuals. By signing this Informed Consent & Release Form the Client, and/or his/her Parent/Guardian, is consenting to the Client receiving exposure therapy in public settings where his/her PHI may be disclosed incidentally to others. Please be advised that Clients are not required to engage in this form of therapy and the undersigned’s consent may be revoked at any time.

By signing below, and in consideration for the Client’s participation in exposure therapy treatment, the Client, and/or the Parent/Guardian, agrees to release, indemnify, and hold harmless the North Suburban Center for Anxiety, LLC, but not limited to, its agents, employees, and board members, to the fullest extent permitted by law, from and against any and all losses, claims, damages, causes of action, liabilities, costs and expenses (including attorneys and court fees), if any, which may be asserted against the North Suburban Center for Anxiety, LLC, of every nature whatsoever, known or unknown, which arise out of or are connected with the Client’s participation in exposure therapy, the incidental disclosure of any medical or mental health records or information as a result of the Client’s participating in exposure therapy , and to accept full liability in the event of injury to the Client in any way as a result of participating in exposure therapy offsite from the North Suburban Center for Anxiety, LLC.

The undersigned further agrees that he/she has read and understands the forgoing information, including the risks associated with exposure therapy, and agrees with the Client’s participation in exposure therapy and hereby consents to exposure therapy services at the North Suburban Center for Anxiety, LLC.

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (*If* 12 years and older): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If applicable, Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_