

CONSENT FORM FOR EVALUATION OF SEXUAL INTEREST

Behavioral Medicine Institute of Atlanta

I understand that I am being asked to give my permission to participate in a screening procedure that will evaluate, beyond my awareness, my sexual interest. I will be asked to complete paper and pencil questionnaires regarding my attitudes and experiences with 21 categories of sexual interest. I will also be asked to undergo psychological testing to identify problems I may have that might be relevant to my evaluation and/or possible treatment. My physiologic response to a series of slides of males and females of various ages will be measured, beyond my awareness. As I view the slides, I will be asked to rate my level of sexual attraction to each slide using the number keys on a computer keyboard.

The interviews and paper and pencil tests will ask intimate details about my life and behavior. Revealing such intimate information produces temporary anxiety, nervousness, depression and/or emotional upset in approximately 80% of individuals. Should these emotional upsets persist, the staff will counsel me to help me deal with this discomfort. If I develop any anxiety, nervousness, depression and/or emotional upset that may have resulted from this evaluation, I should contact the Behavioral Medicine Institute of Atlanta.

All information obtained from this evaluation will become part of my psychiatric record and, as such, is confidential. However, there are three conditions under which information about me may be revealed to others. These are:

1. I reveal that I might harm myself.
2. I reveal that I plan to harm someone else.
3. The greatest problem resulting from this assessment is that I may reveal that I have committed sex acts that must be reported by state law.

Most state laws require that when individuals reveal to a professional that they have victimized specific children, this must be reported to the appropriate protection agencies and I may be investigated by appropriate protection agencies. The results of such an investigation could lead to my being charged with the commission of a sex crime. I understand that I may choose not to answer any questions if to do so would reveal information which must be reported to the authorities. As to any other questions, I understand that I am answering them subject to the risks described in this paragraph.

The benefits of this evaluation are that the evaluators may be able to identify specific sexual interest that I have in inappropriate sexual behavior. Such information will help the evaluator recommend to me what kind of treatment would be indicated in my case.

The information that I provide the evaluator will be kept in my file, unless mandatory reporting is required by state law. This information will also be incorporated into a data base at Abel Screening, Inc. under a special code and used, not only for understanding my case, but also for research regarding the understanding of sexual behavior in general. This information placed in Abel Screening, Inc. data base for research purposes will not have my name associated with it.

My signature below indicates that any questions I had regarding my evaluation have been answered to my satisfaction. My signature also indicates that I have read and understand the inherent risks and benefits of such an evaluation as described in this consent form, and that I agree to participate in the evaluation of my sexual interests conducted by the Behavioral Medicine Institute of Atlanta, in the manner described above. I hereby release Behavioral Medicine Institute of Atlanta and/or its employees, agents, or any other treatment participants, for any loss, damage, or injury to me which may occur from any cause whatsoever as a result of my participation in this evaluation.

Signature

Date

Witness

Date