



INFORMED CONSENT AND DISCLOSURE FOR TREATMENT OF SEX ADDICTION

Popular media and some health care professionals have utilized the label “sex addiction” (also referred to as “hypersexual behavior,” “compulsive sexual behavior,” or “Out of control or problematic sexual behavior”) to describe a pattern of repetitive and intense preoccupation with sexual thoughts, urges, and behaviors.

Sexually addicted patients often report using sex frequently to cope with stressful experiences in their lives or escape unpleasant mood states such as feeling lonely, anxious, bored, or depressed. These patterns of behavior may contribute to a number of undesirable consequences. Despite such consequences, some people report feeling unable to control or reduce the frequency of their sexual fantasies, urges, behaviors and they continue to participate in sexual activities that place themselves and loved ones at risk for physical and/or emotional harm.

These patterns of behavior can contribute to feelings of guilt, shame, sadness, regret, or constant worry about being caught or exposed. Furthermore, significant problems with personal relationships, social activities, work, and other important areas of life can be adversely impacted. Labeling these symptoms as a “sex addiction” may help provide a framework for understanding the challenges and problems experienced by some individuals. These labels can also help researchers understand the issues associated with sex addiction or allow health care professionals to communicate with each other regarding patient care.

While labels such as “sex addiction” have value in routine clinical work (i.e. treatment planning, case conceptualization), the concept of sex addiction is not recognized or sanctioned as a psychiatric disorder by the American Psychiatric Association nor is it included in the Diagnostic Statistical Manual of Mental Health Disorders – Fifth Edition as a psychiatric diagnosis. Thus, if these labels are used in our clinical work together, they do not refer to a psychiatric diagnosis.

Patient signature below indicates that this document has been read, understood, and that it constitutes consent to treatment under the conditions outlined above. The Patient also stipulates having been given the opportunity to ask any questions regarding this consent and disclosure about treatment for sex addiction.

Patient Signature

Date Signed

Print Patient Name