

International OCD Foundation
Behavior Therapy Training Institute — Provider Release Form

- 1.) I, _____, do hereby agree to participate in a clinical teaching program known as the IOCDF Behavior Therapy Training Institute (the Institute). The purpose of the Institute is to teach the application of cognitive/behavioral therapy (Treatment) for relief of obsessive-compulsive disorder (OCD).

- 2.) I am licensed or certified in the state of _____ to practice mental health care, and have provided a photocopy of my license or certification to the Institute.

- 3.) I understand that the training I will receive at the Institute will include in-depth, intermediate level instruction in the Treatment and clinical consultation with the teaching staff of the Institute (Faculty).

- 4.) I have identified a patient of mine (Patient) who has agreed to undergo the Treatment as part of my clinical training at the Institute.

- 5.) I understand the Treatment will involve the development of a plan to gradually expose my Patient to situations that trigger obsessive thoughts, obsessive images, or compulsive actions (the Actions), and that I will be taught ways to help my patients manage their anxiety/discomfort and to resist engaging in compulsions.

- 6.) I fully understand that the Treatment to be performed has been documented in controlled outcome studies to be effective with a majority of patients with OCD; but, the Treatment outcome for any single patient cannot be predicted.

- 7.) I have fully explained to my patient that there are certain risks associated with Treatment including, but not limited to, being subjected to anxiety from exposure therapy, the fact that not all patients in behavior therapy respond to the Treatment, and the fact that a reduction in OCD symptoms may change the existing family dynamics; I have also explained to my Patient that there are possible benefits associated with this Treatment. However, I understand that there is no certainty that my patient will achieve these benefits, and I have made no guarantee to my Patient regarding the outcome of Treatment.

- 8.) I have explained “reasonable alternatives” to the Treatment to my patient including the use of medications to treat OCD. I am also aware that insight-oriented psychotherapy and supportive psychotherapy may be helpful to some individuals with OCD.

- 9.) I have informed my Patient that I will be assisted by the Faculty and such others as I or the Faculty consider to be necessary in the Patient’s care, and the Patient has agreed to their participation.

- 10.) I have obtained authorization from my Patient to disclose complete information in confidence to the faculty, staff, and participants of the Institute concerning my medical findings and treatment of my patient from on or about _____ until the date of the conclusion of such treatment.
- 11.) I have answered any questions the Patient has had regarding the Treatment.
- 12.) I have obtained my Patient's voluntary and informed written authorization and release for Treatment and disclosure of otherwise confidential information as outlined in paragraphs 8-11.
- 13.) I agree to hold the faculty, staff, participants and sponsors of the Institute free and harmless of any claims, demands or suits for damages from injury or complications whatever, save negligence, that may result from such Treatment.
- 14.) I understand that participation in the Institute does not qualify me for a vocation, but is meant to merely enhance my current clinical skills and that no credits will be issued for transfer.

Signature of Participant _____ Date _____

Signature of Witness _____ Date _____