**In-Vivo Exposure Therapy Participant Notice of Risk and Waiver**

|  |  |
| --- | --- |
| **Start & End Dates** |  |
| **Participant’s Name** |  | **DOB:** |  |

The University of Colorado welcomes you as a participant in this treatment modaliy. Please read through the following important information.

Exposure Response Prevention (ERP) and in vivo exposure can be used as a treatment option to address obsessive-compulsive disorder (OCD). ERP is an evidenced based treatment and is the best practice and standard of care for OCD (alone or in combination with medication). The purpose of ERP is to exposure oneself to a feared stimuli (triggers) while inhibiting rituals and limiting other forms of avoidance so that habituation (a reduction in anxiety) and/or more effective coping strategies can be learned and employed. Habituation occurs with repeated exposure to feared stimuli.

ERP is often most effective when done in a “real-world” environment since it is not possible to simulate all scenarios in an office setting. The desired outcome is improvement in symptoms which may include reduction in obsessive thoughts, decreased anxiety in response to obsessive thoughts or triggers, and ultimately increased functioning in life.

I exercise my own free and voluntary choice to participate in the designated activity, including use of facilities and equipment provided by the University of Colorado. **I understand and assume all associated risks of the designated activity. These risks include, but are not limited to:**

|  |
| --- |
| When treatment is done outside of an office setting, there are risks beyond what one would face during “usual” psychotherapy. Potential risks include an increase in the intensity of the emotional reaction before it decreases and increased distress. Your privacy will not be as protected as it would be in an office. While we will be as discrete as possible, we will likely encounter other people, and it is possible they could realize you are in treatment. Participants may be exposed to hazards including but not limited to: inclement weather, injuries from slips, trips and falls; pre-existing medical conditions can be worsened and can trigger allergies, asthma, diabetes, heart disease, neurological illnesses, vertigo, dehydration, heat exhaustion or altitude sickness; scrapes, bruises, bites, stings, skin rashes, sunburn, adverse reactions to dangerous/irritant plants or chemicals. Despite careful and proper preparation and instruction there is still a risk of serious injury when participating in any activity/program. Understandably, not all hazards and dangers can be foreseen. Participants must understand that depending upon the particular activity, certain risks, dangers and injuries due to natural occurrences beyond human control or influence, being off campus, carelessness and all other circumstances inherent to these activities/programs exist. Driving exposures also pose certain risks. Automobile accidents could arise from inexperienced drivers, inability of drivers to safely operate a vehicle, mechanical failure of the vehicle, loads not being properly secured or coming lose from the roof racks or from moving around within the vehicle, passenger distractions, driver health/fatigue, severe weather conditions, collision with another vehicle or objects, road traffic accidents, or due to driver distractions, all of which can result in serious injuries or fatalities of drivers, passengers, pedestrians or other road users. Use of a privately owned vehicle, including the operation of or as a passenger, may be an option. The university does not provide liability or physical damage insurance coverage on privately owned vehicles. The vehicle owner must provide the liability and physical damage insurance coverage for the privately owned vehicle. Operation of a privately owned vehicle is at the driver’s own risk and any damage or injury will be paid by the owners insurance.  |

**I agree to assume all risk of personal injury or loss, bodily injury (including death), damage to or loss of, or destruction of any personal property resulting from or arising out of participation in the designated activity. I also release, waive, indemnify, hold harmless, and discharge the University of Colorado from all claims, damages, and injuries arising out of my activities, including, if applicable, my use of equipment and facilities provided by the University of Colorado.**

The University of Colorado does not provide health insurance for individuals participating in activities made available or sponsored by the University of Colorado. As such, you or your personal health insurance will be responsible for payment of medical services and care for any injuries sustained during the designated activity.

* It is important that proof of personal medical insurance and emergency contact information is carried at all times. Personnel will need this critical information.
* In the event of an emergency, permission is granted to authorize emergency transportation, emergency medical care and/or treatments and hospital care for the duration of the participation in this designated activity.
* **In case of emergency please contact**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Primary Contact Name | Relationship | Phone Number**1** |
|  |  |  |
| Secondary Contact Name | Relationship | Phone Number**1** |

 **1** Please include home, cellular, work phone numbers

Participants in university activities are at times, photographed and videotaped for use in University of Colorado promotional, educational and research programs. Such audio, video, film and/or print images may be edited, duplicated, distributed, reproduced, broadcast, and/or reformatted any form and manner without payment of fees.

|  |  |
| --- | --- |
|  |  |
| Activity Participant | Date |
|  |  |
|  |  |

I hereby certify that I have read and understand the provisions above. For participants under 18 years of age, the parent or guardian accepts the above terms and grants permissions for the student’s participation on behalf of said minor, as **permitted by *C.R.S. § 13-22-107*.**