CAMH CONSENT TO PHALLOMETRIC TESTING

In order to assist in determining my sexual arousal patterns, it has been recommended that I take the penile plethysmograph (PPG). This testing is meant to evaluate my sexual interests and arousal patterns. This test cannot be used to decide my guilt or innocence regarding any specific offense I may have been accused of or committed. The benefits of this test include the possibility of determining an atypical sexual preference, which may help in beginning to discuss my sexuality. These test results may also help guide treatment and/or risk management planning.

PPG testing indirectly measures blood flow in the penis through air pressure changes in a small cylinder. The technician will place the cylinder on my penis in the privacy of a dimly lit assessment room, explaining each step as it is put in place. Once the equipment is in place the technician will cover my mid-section with a sheet. Occasionally during the test, the technician may enter the assessment room to make necessary adjustments of the cylinder to optimize the set up. The technician may be required to physically hold the inflatable cuff against my abdomen to ensure there is an optimal set up. At any point during this process there is a possibility that the technician may come into contact with my genital area directly.

I understand that I may be asked questions about my sexual history and current sexual behaviours by the PPG technician. Sexual stimuli will be shown to me in a variety of forms. Commonly used stimuli can include, but are not limited to, taped verbal descriptions (presented to me over headphones), and/or still pictures (projected on a screen in front of me).

The stimuli will show nude males and females of varying ages, and/or audiotaped stories of sexual interactions between males and females of varying ages. Some of the audiotaped stories may involve descriptions of force or violence. However, I may find some of the stories, as well as some of the pictures, to be offensive.

The test will take about two hours. The assessment takes place in a lab with two adjoining rooms. I will be seated in one room and the technician will be in the next room, where all the monitoring and measuring equipment is located. After I have been seated, the technician will have visual and voice contact with me using an intercom and closed circuit TV system (focused on the upper half of my body). No video or audio recording will be made of any session without my permission/consent.
During the test, my sexual response will be monitored and recorded. I know that I must listen to and/or watch the material presented in order to have an accurate evaluation. I understand that it is my responsibility to cooperate throughout the entire assessment. The degree of cooperation will be included in the official report.

I understand this assessment procedure can provide detailed information regarding my sexual interests and arousal patterns. This information can later be used to more effectively evaluate and direct my treatment. The results of this test may also be used as part of a more detailed assessment of risk to reoffend sexually.

If I have any questions about this evaluation or the information obtained from the evaluation, I will have the opportunity to talk about it with the technician during the evaluation or later with a staff member from the Sexual Behaviours Clinic.

Limits to Confidentiality

- You sign a consent form for the information to be shared with someone else, for example, your family physician or lawyer;

- The information is subpoenaed or ordered by a court, where the judge determines that your record is relevant to the civil (divorce, child custody matters or a lawsuit for example) or criminal proceedings at any time;

- Members of the SBC staff have reasonable grounds to believe that disclosing your information is necessary to eliminate or reduce a significant risk of serious bodily harm to yourself or others;

- You report anything that may be a concern to the safety or well-being of children. The Ontario Child, Youth and Family Services Act requires that this be reported to the Children’s Aid Society. This can include (but is not limited to) having sexual interest in children and/or a history of sexual offending against a child, and having unsupervised contact with children. If you report previously unreported abuse against a child (and the person is still a child) we are also required to report this to child protective services.

- You report anything that suggests someone is being abused or neglected in a long-term care home.

- You disclose past or present sexual abuse by a member of a regulated health discipline. Your assessor may need to report the abuse to the appropriate professional college. The report to the professional college will (1) be done with your knowledge and (2) will include your name, only with your written consent;

- Your assessors’ governing body (e.g. The College of Psychologists of Ontario) may audit files for purposes of quality assurance.
• If you are under the supervision of the Ministry of the Solicitor General (provincial probation and parole), please be advised that the Ministry’s policy is to notify the police if you disclose prior serious unreported criminal activity. This is not the policy of this clinic, however if you share this information to us and it is documented in your report, your probation/parole officer may be required to notify their supervisor and/or the police as a result.

Consistent with CAMH policy, photographs and/or recordings of clinical encounters are prohibited without clear and express permission from each person involved (staff and/or clients), prior to the photograph and/or recording.

I understand that I may withdraw my consent or stop the test at any time. I realize that by refusing or withdrawing my consent, I may reduce the ability of my assessors/treatment providers to give the best and most effective treatment and/or assessment.

My signature below indicates that I have read this consent form, or it has been read to me, and I am agreeing to participate in this assessment. I understand the information provided in the form and have had all my questions about the evaluation answered. I also understand that data obtained in this evaluation may be used for research and/or program evaluation purposes. All personal and identifying information about me will remain confidential.

Name:_________________________       Witness name:_________________________
Signature:______________________  Witness signature:________________________
Date: ________________________       Date: ________________________

Have you had phallometric testing before?  □ Yes  □ No
If yes, location & date of previous testing: ________________________________

□ Client declines consent for phallometric testing