

Hope & Freedom Clinical Disclosure Template

PREPARATION (Not Included in Final Disclosure)

Use this grid to help recall **all sexual behaviors** throughout your life to the present. You can add more rows to this table if you need more space. This grid is designed to help you remember specific events throughout your life. You will use this information to inform the writing of your disclosure. Following this grid is a template to help guide you through writing your personal disclosure.

Life Timeline Notes (for your reference only):

Begin with your earliest years and work forward. It may help to note all major life events to help you remember sexual events from the past.

Age	Month/Year	Sexual Event	Location	Frequency / Duration	Others Involved
29	March 2013	<i>Paid for and engaged in sexual touching, unprotected oral sex, and vaginal intercourse</i>	<i>Personal residence while partner was out of town</i>	<i>Once</i>	<i>Escort</i>

CLINICAL DISCLOSURE DOCUMENT

(Write in second person, speaking directly to your partner. Use "I" statements. Do not include emotions, apologies, or explanations.)

SECTION 1: CHRONOLOGICAL DISCLOSURE OF SEXUAL BEHAVIOR

(List ALL behaviors chronologically. Each entry should follow the same format. Copy and paste the template structure here for each event. The statement below is triple-spaced on purpose; please do not change the formatting.)

Age # (From DATE - DATE)

When I was [#] years old in [YEAR or DATE RANGE], I [SEXUAL EVENT]. This took place in [LOCATION] [DURATION / FREQUENCY] with [WHO WAS INVOLVED]. It cost [\$] and I used [METHOD OF PAYMENT] for it. To hide my behavior I [SECRECY BEHAVIORS USED].

(Repeat this section for every instance across the lifespan.)

SECTION 2: LAST INSTANCES

My last sexual acting out behavior took place on [DATE]. I [SEXUAL EVENT]. This took place with [WHO WAS INVOLVED] in [LOCATION].

The last time I used pornography was on [DATE] for [HOW LONG] using [WHICH PLATFORM].

SECTION 3: DECEPTION & INTEGRITY ABUSE

(List specific examples. Name the behavior clearly: lying, gaslighting, minimizing, manipulation, etc.)

Age # (From DATE - DATE)

During [TIMEFRAME], when [SITUATION OR CONTEXT], I [SPECIFIC STATEMENT OR EVENT].

This was [TYPE OF INTEGRITY ABUSE], because I was [NAME WHAT YOU WERE HIDING, DISTORTING, OR AVOIDING].

SECTION 4: SECRET SYSTEMS & DECEPTION INFRASTRUCTURE

Use the bullet point prompts below to gather the information first and then complete the statements below:

- Secret email accounts:
- Usernames / aliases:
- Hidden phone numbers or devices:
- Secret financial accounts:
- Methods used to conceal behavior:

I used the following accounts, identities, and methods to conceal my behavior from you.

I created and used secret email accounts, including [LIST SECRET EMAIL ACCOUNTS].

I used usernames and aliases such as [LIST USERNAMES / ALIASES].

I used hidden phone numbers or devices, including [LIST PHONE NUMBERS / DEVICES].

I maintained secret financial accounts, including [LIST ACCOUNTS], which I used to [BRIEFLY STATE PURPOSE, e.g., pay for sexual services, hide spending].

To conceal my behavior, I [DESCRIBE METHODS USED TO HIDE BEHAVIOR, e.g., deleted messages, used private browsing, paid in cash, created false explanations].

SECTION 5: FINANCIAL DISCLOSURE

Use the chart and bullet point prompts below to gather the information first and then complete the statements below (You may also choose to use the [Count the Costs of Addiction Calculator](#) for this exercise):

Itemized Acting Out Expenses

Type	Description	Amount	Payment Method

Other Costs

- Travel (hotels, transportation):
- Alcohol/substances:
- Gifts:
- Lost income/business:
- Legal costs:

Total Estimated Cost: \$

I spent money to support and conceal my acting out behaviors.

For acting out expenses, I spent money on [LIST TYPES OF EXPENSES, e.g., escorts, pornography, strip clubs]. These included [BRIEF DESCRIPTION OF EXPENSES], with amounts such as [LIST OR SUMMARIZE AMOUNTS] paid using [LIST PAYMENT METHODS, e.g., cash, credit card, hidden accounts].

In addition to these expenses, I incurred other costs related to my behavior. I spent [AMOUNT] on travel, including [BRIEF DESCRIPTION]. I spent [AMOUNT] on alcohol or substances. I spent [AMOUNT] on gifts. I lost [AMOUNT] in income or business. I incurred [AMOUNT] in legal costs.

The total estimated financial impact of my behavior is [STATE TOTAL AMOUNT].

SECTION 6: RELATIONAL IMPACT & ABUSE

(Behavioral impact only—no emotional explanation.)

- Instances of emotional or verbal abuse:
- Instances of manipulation or control:
- Impact on partner (behaviorally observed effects):
- Impact on children/family:

Age # (From DATE - DATE)

I engaged in behaviors that were emotionally and verbally harmful.

During _____ (timeframe), I engaged in emotional or verbal abuse when I [DESCRIBE SPECIFIC ACTIONS, e.g., raised my voice, used harsh or critical language, dismissed your concerns].

I also used manipulation or control by [DESCRIBE SPECIFIC BEHAVIORS, e.g., withholding information, redirecting conversations, controlling access to information or resources].

As a result of my behavior, I observed that you [DESCRIBE BEHAVIORAL IMPACT ON PARTNER, e.g., became more withdrawn, asked repeated questions, appeared anxious or uncertain].

My behavior also impacted our children/family by [DESCRIBE OBSERVABLE EFFECTS, e.g., increased tension in the home, disrupted routines, limited emotional availability].

SECTION 7: ADDITIONAL ADDICTIVE BEHAVIORS

- Substance use (type, frequency, cost):
- Gambling (wins/losses):
- Other compulsive behaviors:

Age # (From DATE - DATE)

In addition to my sexual behaviors, I engaged in other addictive or compulsive behaviors.

I used substances, including [LIST SUBSTANCES], with a frequency of [STATE FREQUENCY] and an estimated cost of [STATE COST].

I engaged in gambling behaviors, including [DESCRIBE TYPE OF GAMBLING], with total losses of [STATE LOSSES] and any winnings of [STATE WINNINGS].

I also engaged in other compulsive behaviors, including [LIST OTHER BEHAVIORS], with a frequency of [STATE FREQUENCY] and an estimated impact of [STATE IMPACT, e.g., time spent, financial cost].

SECTION 8: SEXUAL HEALTH HISTORY

- Known or suspected STDs:
 - Type:
 - Date:
 - Testing and results:

As a result of my sexual behavior, there are the following sexual health considerations.

I was diagnosed with or suspected of having [STATE STD OR “NO KNOWN STDs”].

The type was [STATE TYPE], identified in [STATE DATE].

I was tested on [STATE DATE], and the results were [STATE RESULTS].

SECTION 9: GIFTS & EXCHANGES

- Gifts given:
- Gifts received:
- Financial or material exchanges:

Age # (From DATE - DATE)

I gave and received gifts or financial exchanges connected to my acting out behaviors.

I gave gifts, including [LIST GIFTS], with an estimated total value of [STATE AMOUNT].

I received gifts, including [LIST GIFTS], with an estimated value of [STATE AMOUNT].

I also engaged in financial or material exchanges, including [DESCRIBE EXCHANGES], totaling approximately [STATE AMOUNT].

SECTION 10: CHILDHOOD SEXUAL EXPERIENCES (IF APPLICABLE)

- Age(s):
- Person(s) involved:
- Nature of experience:
- Frequency:

Age # (From DATE - DATE)

During my childhood, I had the following sexual experiences.

At age(s) [STATE AGE(S)], I was involved with [IDENTIFY PERSON(S)].

The nature of these experiences included [DESCRIBE SPECIFIC BEHAVIORS].

These experiences occurred [STATE FREQUENCY].

SECTION II: SUMMARY OF BEHAVIOR PATTERNS

(Factual summary only.)

- Total years of acting out:
- Primary behavior types:
- Frequency patterns over time:
- Escalation patterns:

My acting out behaviors occurred over a total of [STATE NUMBER] years.

The primary types of behavior included [LIST PRIMARY BEHAVIOR TYPES].

Over time, the frequency of these behaviors was [DESCRIBE PATTERN, e.g., intermittent, weekly, daily].

The behaviors escalated in the following ways: [DESCRIBE ESCALATION, e.g., increased frequency, increased risk, increased financial cost, movement from pornography to in-person encounters].

FINAL CHECKLIST (Before Submission)

- All behaviors included (nothing omitted)
- Written chronologically
- Specific numbers (no vague terms like “some” or “often”)
- No minimizing language
- No emotional language, apologies, or explanations
- Uses clear behavioral descriptions (not “I had sex”)

- Includes financial impact and deception
- Includes integrity abuse examples
- Reviewed for clarity when read aloud
- Send copy to your CHFP (instructions below)

This disclosure process should be completed with the guidance of a CSAT, CHFP, or similarly trained clinician to ensure readiness, accuracy, and appropriate support for both partners.

How to Save and Password Protect Your Disclosure Document

Step 1: Download Your Document from Google Docs

1. Open your disclosure in Google Docs
2. Click **File** (top left)
3. Click **Download**
4. Select:
 - o **Microsoft Word (.docx)** (*preferred*)
 - o OR **PDF Document (.pdf)**

Your file will download to your computer.

Step 2 (Recommended): Password Protect Using Microsoft Word (.docx)

1. Open the downloaded **.docx file** in Microsoft Word
2. Click **File**
3. Click **Info**
4. Click **Protect Document**
5. Select **Encrypt with Password**
6. Contact your CHFP by phone to receive the password you should use
7. Click **OK**
8. Re-enter the password to confirm
9. Click **Save**

Alternative: Password Protect a PDF

Option A: Using Adobe Acrobat (if available)

1. Open your PDF in Adobe Acrobat
2. Click **File → Protect Using Password**
3. Select **Require a password to open the document**
4. Contact your CHFP by phone to receive the password you should use
5. Click **Apply** and save the file

Option B: Using a Free Online Tool

1. Go to a trusted site like:
 - o smallpdf.com/protect-pdf
 - o ilovepdf.com/protect-pdf
2. Upload your PDF

3. Contact your CHFP by phone to receive the password you should use
4. Download the protected file

Step 3: Send to Your CHFP

- Attach the password-protected file to your email

Important Notes

- Double-check that your file opens with the password before sending
- Use **.docx whenever possible** so your CHFP can provide edits and feedback