

**INFORMED CONSENT FOR  
MENTAL HEALTH THERAPY  
PRESENT AWAKENINGS THERAPY CENTER, PLLC  
3166 N Lincoln Ave, Suite 214A, Chicago, IL 60657**



The therapeutic relationship is unique in that it is a highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work and what each of us can expect. This document will provide a clear framework for our work together. Feel free to discuss any of this with me, at any time.

**THE THERAPEUTIC PROCESS**

You have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of problematic patterns may bring on strong emotions and/or body sensations; sometimes, it can even increase mental health symptoms in the short-term. There are no miracle cures. I cannot promise that your behavior or circumstances will change. I can promise to support you and do my very best to understand you and your experiences, as well as to help you clarify what it is that you want for yourself.

Our initial appointments (generally the first 2 sessions) are considered Intake Assessment appointments. I will ask about your reasons for seeking therapy, goals for treatment, and gather information about any current mental health symptoms, the history of your symptoms / issues, your personal history, your supports, your strengths, your coping skills, and more. If after the Intake Assessment is completed I feel that I am not the best fit for you as a therapist, I will provide you with referrals to other therapists I believe would be better able to assist you. At any time if you don't feel like we are a good match, I am also happy to provide referrals so you can work with someone who you feel would be a better match.

After the Intake Assessment is complete, I will provide recommendations for your treatment. We will collaborate and agree on our course of treatment. If at any point during treatment either of us have concerns or issues with the other or the course of treatment, we will bring them up to be processed and discussed; how we proceed will again be a collaborative decision. To get the most out of your therapy sessions, it is important to be open and honest in sessions; to be willing to notice and experience cognitions, emotions, and body sensations as they arise in sessions; and think about, experience and/or practice things discussed in sessions, outside of sessions.

When to end treatment is also best when it is a collaborative decision. As you make progress towards your goals, we will note and celebrate your progress. When we feel you are ready to lessen the frequency of your sessions and/or terminate therapy, we will also celebrate your progress and plan for your termination. You are welcome to choose to end treatment at any time with minimal notice; however, engaging in a termination process helps achieve closure.

**BENEFITS AND RISKS**

Therapy can be highly beneficial; many people make significant changes to their lives with the help of mental health therapy. Benefits can include increased mental and/or physical health; improved relationships; increased experience of pleasant cognitions, emotions, and body sensations; decreased distress; and decreased reliance on maladaptive coping behaviors. Risks might include short-term increase of symptoms or distressing cognitions, emotions, and/or body sensations and/or unpredicted changes to relationship dynamics. Although many people see significant positive changes while in therapy, there is no guarantee of results.

**CONFIDENTIALITY**

The session content and all relevant materials to your treatment will be held confidential unless you request in writing to have all or portions of such content released to a specifically named person/persons. Limitations of confidentiality exist and include:

- *Safety*: If you are planning to or have taken action to severely hurt or kill yourself or severely hurt or kill someone else, appropriate person(s) will be notified in order to keep you and/or others safe. Additionally, in the case of a medical emergency or accident, emergency services and/or support(s) will be notified. When possible, this will be thoroughly discussed with you prior to involving anyone else.

- *Abuse:* If you disclose physical, emotional or sexual abuse or neglect of a minor or elderly person, appropriate authorities will be notified. Again, when possible, this will be discussed with you prior to my disclosure to the authorities.
- *Consultation:* To ensure you receive the best possible care, I will occasionally seek consultation with other therapists. Some content of your sessions will be shared; however, never will I disclose any of your identifying information in consultations.
- *Legal Requirements:* If a court of law issues a legitimate subpoena, I am required to disclose information stated on the subpoena.

Confidentiality extends to not only what you say to me in sessions and your records, but also to your physical presence. If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will follow your lead and speak with you briefly; we will both save any therapeutic content for our therapy sessions.

Please see the Privacy Practices for additional information about required disclosures.

### **CREDENTIALS**

I, Stacy Rhoades, am a Licensed Clinical Professional Counselor (LCPC), licensed in the state of Illinois. I received my Master's degree in Clinical Psychology with a Concentration in Trauma from The Chicago School of Professional Psychology in 2012. I have worked with adults in individual and group therapy in a variety of settings including outpatient, intensive outpatient and residential treatment in both community mental health centers and private centers in Chicago and the surrounding suburbs.

I completed Eye Movement Desensitization and Reprocessing (EMDR) Basic Training in August of 2019. I will complete EMDR Certification in the Summer of 2021. I also have extensive training in the treatment of both acute trauma/PTSD and complex trauma/C-PTSD, Dialectical Behavior Therapy (DBT), Acceptance and Commitment Therapy (ACT), and mindfulness techniques.

### **ADDITIONAL INFORMATION**

If you have any questions or need additional information, I am happy to answer questions and discuss the therapeutic relationship.

Please also see the Practice Policies for additional information regarding your treatment.

**By signing this form below, you certify that you have read or had this form read to you, understand its contents, have been given the opportunity to ask questions, and that any questions have been answered to your satisfaction. You also agree to your responsibilities as outlined.**

BY CLICKING ON THE CHECKBOX BELOW YOU ARE AGREEING THAT YOU HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

*[DOCUMENT IS SIGNED ELECTRONICALLY VIA CLIENT PORTAL]*