

**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 highly personal and at the same time, a contractual agreement. Given this, it is important for us to reach a clear understanding of how our relationship will work and what each of us can expect. This document will provide a clear framework for our work together. You can only provide Present Awakenings Therapy Center, PLLC (“Present Awakenings Therapy Center,” “me,” “my”, “I”) with your informed consent after we have discussed your proposed services, the potential risks and benefits of those services, and information about any possible alternative services.

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. However, I will use my best efforts to support you, understand you and your experiences, help you clarify what it is that you want for yourself, and help you work towards your goals.

Our initial appointments (generally the first two sessions) are used to complete the Intake Assessment. For the Intake Assessment, 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. If at any time 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 completing the Intake Assessment, 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 has 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, it is important to be open and honest in sessions, 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 toward 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 but are not limited to 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 but are not limited to short-term increases in 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.

ALTERNATIVES TO THERAPY

Mental health therapy is voluntary. You may choose to receive or not receive treatment from Present Awakenings Therapy Center. An alternative is to engage in therapy with another mental health provider. Additional alternatives could include but are not limited to psychiatric medication, therapeutic and/or support groups, meditation practices, bodywork and/or massage, or acupuncture. You may stop therapy at any time.

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(s) or entity. Limitations of confidentiality exist and include:

- *Safety:* If you tell me that you intend to cause serious mental or physical harm to a specifically identifiable victim, including yourself, and I determine that you present a clear and imminent risk of harm, Illinois law requires that I warn the potential victim and the authorities (e.g., police). This means that I may disclose otherwise confidential information for this purpose. Additionally, emergency services and/or support(s) will be notified in the case of a medical emergency or accident. When possible, this will be discussed with you prior to involving anyone else.
- *Abuse:* If you disclose physical, sexual, financial, or psychological abuse or neglect or exploitation 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.
- *Unexpected therapist absence:* In the event of my unplanned absence from practice, whether due to injury, illness, death, or any other reason, I maintain a detailed Professional Will with instructions for an Executor to inform you of my status and ensure your continued care in accordance with your needs. You authorize the Executor and/or Secondary Executor to access your treatment and financial records only in accordance with the terms of my Professional Will and only in the event that I experience an event that has caused or is likely to cause a significant unplanned absence from practice.

Confidentiality extends not only to 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 HIPAA Notice of Privacy Practices for additional information about required disclosures.

IN-PERSON VERSUS TELEHEALTH SESSIONS

Present Awakenings Therapy Center offers both in-person and telehealth sessions, and both methods have been proven to be effective, including with EMDR therapies and techniques. The decision to meet in-person versus via telehealth will be a collaborative decision between you and I. Many people like telehealth sessions for being able to access therapists or therapy sessions that would not otherwise be accessible for them (for example, seeing a therapist located further than you can reasonably commute or at a time of day that you are not able to spend time commuting), and many people prefer in-person sessions due to being better able to connect with the therapist and their own emotions when in-person. I encourage everyone to consider not just what is the most convenient method of therapy but what method will be most beneficial for you. All clients should be able to and prepared to meet both in-person and via telehealth, even if one method has been chosen as the primary method of therapy.

After completing the Intake Assessment, I will provide recommendations for meeting in-person versus via telehealth based on which modality I believe would offer you the best likelihood of meeting your treatment goals. If you are currently engaging in high-risk behaviors, are in a dangerous situation, require high levels of support and intervention, and/or experience significant dissociation, I may require you to engage in in-person sessions. If you have a job or engage in activities that have significant exposure to contagious diseases, I may require you to only meet via telehealth. Based on a variety of factors – including home and/or work location(s), insurance reimbursement, health factors, current levels of contagious diseases in the community, your current mental health symptoms, etc. – one or both of us may determine it is necessary to change how we have therapy sessions. If at any point I believe a change is necessary, I will discuss it with you, and I encourage you to do the same with me. If we cannot agree on how to meet, I will provide you with referrals to other therapists who may be able to meet your preferences.

IN-PERSON SESSIONS RISKS AND PROCEDURES

In-person sessions are offered by Present Awakenings Therapy Center at my office located at 3166 N. Lincoln Ave, Suite 214A, Chicago, IL 60647. To get to the office once you arrive at the building, take the stairs or the elevator to the 2nd floor. From the top of the stairs, the office is to the right; from the elevator, it's to the left. Once headed down the hallway, the office is the 3rd door on the right. There is a private waiting room; please let yourself into the private waiting room upon arrival and wait to be greeted there. Please do not arrive more than 10 minutes before your scheduled appointment time.

If we have chosen to meet in-person, you acknowledge that you are risking exposure to the COVID-19 virus and other communicable diseases and all that those may entail, both with your interaction in sessions and with travel to/from sessions. You agree you won't hold Present Awakenings Therapy Center or me responsible if you contract COVID-19 or any other illness. You also acknowledge that if you, anyone you are in contact with, and/or the therapist contract COVID-19 or another communicable disease, contact tracing methods may require disclosure of your name, contact information, and involvement in therapy to appropriate agencies. If disclosure is required, only the minimally necessary information will be disclosed.

Present Awakenings Therapy Center follows the CDC's guidance and local, state, and federal laws and regulations around communicable diseases. If we are having in-person sessions, you agree to follow CDC, local, state, and federal guidance, laws, and regulations as well. If I ask you to wear a mask in a session for any reason, you agree to do so; if you would like me to wear a mask in a session for any reason, I will do so as well. We also both agree to follow guidance around handwashing/use of hand sanitizer, any current safe distancing practices, and other guidance that the CDC recommends to reduce the spread of disease. I follow CDC guidelines around cleaning procedures, such as disinfecting surfaces, to reduce the risk of spreading COVID-19 and other communicable diseases.

If we have chosen to engage in in-person sessions, it is understood that there will be times when we will need to switch to a telehealth session. If either of us is experiencing illness or symptoms of COVID-19, the flu, or another communicable disease, we will inform the other as soon as we are able to and switch the session to a telehealth session. If either of us has come in direct contact with someone who has COVID-19 or another communicable disease, we will inform the other as soon as possible. If either of us ever feels uncomfortable having an in-person session, we agree to have telehealth sessions until both of us are comfortable with returning to in-person sessions.

If you show up for an appointment and I believe you are exhibiting symptoms or have been exposed to COVID-19, the flu, or another communicable disease, I will require you to leave the office immediately. If you are unable to engage in a telehealth

session during our scheduled session time and I am unable to accommodate rescheduling our session, the Late Cancellation Fee will apply.

TELEHEALTH SESSIONS RISKS AND PROCEDURES

Telehealth refers to providing therapy services remotely using technology such as video conferencing and/or telephone calls. There are both benefits and potential risks with telehealth. The benefits of telehealth services include but are not limited to convenient access to care and the ability to meet from a location of your choice. Research has shown therapy via telehealth to be effective. However, there are potential risks and additional responsibilities to be able to engage in telehealth services. It is important for you to understand the following regarding engaging in telehealth sessions:

- *Technical Competence And Equipment:* Telehealth requires technical competence by both the therapist and client to be effective. You may have to have certain computer or cell phone systems to engage in telehealth services. You are solely responsible for any cost to you to obtain any necessary equipment, accessories, or software to take part in telehealth services. It will be your responsibility to know how to use the device(s) and/or equipment you are connecting to sessions with.
- *Confidentiality:* Since telehealth sessions take place outside of the therapist's office, protecting confidentiality will require effort by both the therapist and the client. I will take reasonable steps to ensure your privacy and protect all communications that are a part of the telehealth services. However, the nature of electronic communications technologies is such that I cannot guarantee that communications will be kept confidential or that other people may not gain access to communications. I will try to use updated encryption methods, firewalls, and back-up systems to help keep your information private, but there is a risk that electronic communications and/or sessions may be compromised, unsecured, or accessed by others. It will be your responsibility to also take reasonable steps to ensure the security of communications (for example, only using secure networks for telehealth sessions and having passwords to protect the device you use for telehealth). It will also be your responsibility to attend sessions only from a private, confidential space where you will not be interrupted to allow you to protect your confidentiality and be comfortable expressing yourself as you need to. Additionally, you will be responsible for never sharing the link to your session. If another person (such as a support person) is invited into your session via telehealth, a different link will be used.
- *Technology:* Technology issues might impact sessions. For example, technology may stop working during a session, may be intermittent, or be delayed, which can be frustrating and/or interrupt sessions. If the session is interrupted, you cannot connect via the same method that was being used or planned to be used, AND you are NOT having an emergency, wait for me to call you on your cell phone and we will decide together how to proceed with the session.
- *Efficacy:* Research shows that telehealth is about as effective as in-person psychotherapy. However, some things are not able to be fully experienced when the therapist and client are not in the same room. For example, it is harder to see and understand all the non-verbal communication when working remotely and may require more verbal check-ins and clarification.
- *Appropriateness For Telehealth:* If you are currently engaging in high-risk behaviors, are in a dangerous situation, and/or require high levels of support and intervention, telehealth may not be appropriate for your sessions. If this applies, I will discuss with you whether in-person sessions are more appropriate, and in-person sessions may be required to continue services with Present Awakenings Therapy Center. Before engaging in telehealth, an emergency response plan will be discussed to address any potential crisis situations that may arise during the course of treatment.
- *Emergencies:* To engage in telehealth services, you will need to have an emergency contact on file. You will also need to provide the address of the location where you are at during the session in each session. In the event of an emergency, I will contact your emergency contact and/or emergency services as deemed necessary. If the session is interrupted for any reason (such as the connection fails) AND you are having an emergency, do NOT call me or attempt to reconnect to the session; instead, call 911 or go to your nearest emergency room. Contact me only after you have called and obtained emergency services.

- *Fees:* The same fee rates will apply for telehealth services as for in-person services. However, insurance may not cover sessions that are conducted via telehealth. If your insurance does not cover telehealth services or stops covering telehealth services, you will be solely responsible for the entire fee of the session. It is your responsibility to contact your insurance company prior to the start of telehealth sessions in order to determine whether your insurance will cover telehealth sessions.
- *No Recording:* Telehealth sessions shall not be video or audio recorded in any way by either the therapist or client unless agreed to in writing by mutual consent. I will maintain a record of your sessions in the same way records are maintained for in-person sessions in accordance with the practice's policies.

CREENTIALS

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 opened Present Awakening Therapy Center in June of 2021.

I completed Eye Movement Desensitization and Reprocessing (EMDR) Basic Training in August of 2019 and became an EMDRIA Certified EMDR Therapist in August of 2021. I also have 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, you acknowledge that you are competent, understand this policy, have been provided material information regarding the proposed care and the anticipated risks, benefits, side effects, and alternatives, have been offered ample time and opportunity to discuss your concerns, and all your questions have been answered to your satisfaction. You also agree to your responsibilities as outlined. Thus, you hereby provide your informed consent to receive treatment as described in this document.

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

[DOCUMENT IS SIGNED ELECTRONICALLY VIA CLIENT PORTAL]