

# Transformative

## GROWTH THERAPY, PLLC

### Informed Consent to Ketamine Assisted Psychotherapy (KAP)

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Education:

- BA, Saint Martin's University, Psychology/Criminal justice.
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**WAC246-809-710 requires the disclosure of the following information in written form by counselors to their clients.**

**Please take the time to carefully read this disclosure statement. As my client, you have the right to know my qualifications, methods, and mutual expectations of our professional relationship. The information presented here is provided to help you decide if my services are suitable for your needs. Please discuss any questions or concerns you may have either now or during the course of your treatment.**

This consent form contains information about the use by psychotherapy patients of medically prescribed ketamine taken sublingually while engaged in psychotherapy. This procedure is called "ketamine assisted psychotherapy," KAP in short. Please be aware that the Food and Drug Administration (FDA) has not yet established the appropriateness of KAP and its use is considered off-label, the only official indication for the use of ketamine being anesthesia. KAP is thus considered an experimental treatment. This informed consent document gives you information that may be helpful to you in deciding whether to engage in KAP. The information contained in this form pertains only to the therapeutic aspects of KAP; information about other general aspects of the psychotherapy that we offer, such as office policies and procedures, fees for services, cancellation policy, and confidentiality, and your consent to them are contained in a separate informed consent document.

#### **Background on the medical and psychiatric use of ketamine**

Ketamine is only available by prescription from a medical provider, a physician or nurse practitioner. It is a drug regulated by the Drug Enforcement Agency (DEA) as a Schedule III medication and as such has long been used safely as an anesthetic and analgesic agent. Ketamine is also approved for use by the FDA, which has conducted evaluations of the risks and benefits associated with its use.

The administration of ketamine in sub-anesthetic doses to treat depression, alcoholism, substance use disorders, post-traumatic stress disorder, obsessive compulsive disorder, and other psychiatric diagnoses is a relatively new, off-label use of ketamine. Ketamine is increasingly used as a treatment for various chronic treatment-resistant mental and emotional conditions, often used after other treatment approaches have been unsuccessful. While the scientific data is not completely clear, research suggests ketamine may help grow new neural connections, that were once diminished by chronic stress, leaving many individuals with a

feeling of relief. The literature indicates a 70% response rate to ketamine of patients with treatment resistant depression, and a remission rate of 40-50%.

### **The effectiveness of KAP**

KAP is a new treatment, still considered experimental and not yet mainstream, though there are now many studies that demonstrate that it may be effective. It does not necessarily permanently relieve symptoms of mental and emotional disorders, however, if your symptoms respond to KAP, you may still elect to be treated with other psychiatric medications and other ongoing non-specific psychotherapy to try to reduce the possibility of relapse. Over time, you may also need additional KAP treatments or other therapies to maintain your improvement or remission.

### **Ketamine as a current psychopharmacological treatment**

Ketamine for depression has become popularized through medical infusion clinics. At infusion clinics, a patient is administered ketamine through intravenous (IV), intramuscular (IM), or intra-nasal routes. Symptoms can be relieved through this process alone, but the underlying issues that caused the symptoms may persist. Ketamine treatment is generally considered inappropriate for persons with a history of psychosis, mania or schizophrenia, or who are currently taking benzodiazepines, stimulants, or MAOI's.

### **Risks associated with KAP**

Ketamine-Assisted Psychotherapy (KAP) has shown promising results in the treatment of various mental health conditions, but like any therapeutic intervention, it comes with potential risks and considerations. Here are some risks associated with KAP:

1. **Psychological Distress:** Some individuals may experience psychological distress during or after KAP sessions. This could include feelings of anxiety, fear, or confusion, particularly if difficult emotions or memories arise during the psychedelic experience.
2. **Disorientation and Dissociation:** Ketamine can induce altered states of consciousness, leading to feelings of disorientation or dissociation as well as a feeling of disconnection from their body and/or surroundings, which can be distressing.
3. **Physical Side Effects:** Ketamine can cause physical side effects such as nausea, dizziness, increased heart rate, and changes in blood pressure. These effects are usually mild and transient but can be concerning for some individuals.
4. **Reactivation of Trauma:** In rare cases, the psychedelic experiences triggered by ketamine may reawaken traumatic memories or emotions. This can be overwhelming and may require additional support and therapeutic intervention to process effectively.
5. **Hallucinogen Persisting Perception Disorder (HPPD):** There is a low but possible risk of developing HPPD, a condition characterized by persistent visual disturbances or hallucinations, following ketamine use. This risk appears to be higher in individuals with a history of substance use or psychiatric disorders.
6. **Dependency and Misuse:** Ketamine has the potential for misuse and dependency, particularly in individuals with a history of substance use disorders. Regular or excessive use of ketamine outside of therapeutic contexts can lead to tolerance, withdrawal symptoms, and other health complications.
7. **Interactions with Medications:** Ketamine may interact with certain medications or substances, including antidepressants, antipsychotics, and alcohol. It's essential to disclose all medications and substances you are currently using to your healthcare provider before undergoing KAP.

8. **Legal and Ethical Considerations:** The use of ketamine for therapeutic purposes may have legal and ethical implications, depending on your location and regulatory framework. It's important to ensure that KAP is conducted by qualified healthcare professionals in compliance with applicable laws and regulations.

It's crucial to discuss these risks and considerations with your therapist or healthcare provider before undergoing KAP. They can provide personalized guidance, address any concerns you may have, and help you make an informed decision about whether KAP is the right approach for you. Additionally, thorough screening and preparation can help minimize risks and optimize the therapeutic benefits of KAP.

### **Psychotherapist Statement of Competency:**

As a dedicated psychotherapist committed to providing high-quality care, I uphold the following statement of competency regarding education and plans for Continuous Quality Improvement (CQI) in psychedelic therapy:

1. **Education and Training:** I have undergone rigorous education and training in psychotherapy, including specialized training in psychedelic therapy modalities through the Integrative Psychiatry Institute, as well as The Embody Lab. This training has equipped me with the knowledge, skills, and competencies necessary to effectively and ethically integrate psychedelics into my therapeutic practice.
2. **Commitment to Best Practices:** I am dedicated to staying informed about the latest research, developments, and best practices in psychedelic psychotherapy. I regularly review peer-reviewed literature, attend conferences and workshops, and participate in professional networks to ensure that my practice aligns with current standards of care.
3. **Ongoing Education and Training:** I recognize the importance of ongoing education and training in enhancing therapeutic skills and knowledge. I actively seek out opportunities for continuing education, including advanced training programs, co-operative consultation, and mentorship, to further develop my expertise in psychedelic psychotherapy.
4. **Continuous Quality Improvement (CQI):** I am committed to Continuous Quality Improvement in my practice of psychedelic therapy. This involves regularly evaluating and reflecting on my therapeutic approach, soliciting feedback from clients and colleagues, and implementing evidence-based strategies to enhance the quality and effectiveness of my services.
5. **Ethical and Professional Standards:** I adhere to the highest ethical and professional standards in my practice of psychedelic psychotherapy. I prioritize the safety, well-being, and autonomy of my clients, and I strive to create a therapeutic environment that is inclusive, compassionate, and culturally sensitive.
6. **Collaboration and Community Engagement:** I value collaboration and community engagement as essential components of professional growth and development. I actively participate in professional organizations, interdisciplinary collaborations, and community-based initiatives to contribute to the advancement of psychedelic therapy and mental health care.

In summary, I am committed to upholding the highest standards of competence, professionalism, and ethical practice in my provision of psychedelic therapy. Through ongoing education, training, and continuous quality improvement efforts, I aim to provide compassionate, effective, and evidence-based care to individuals seeking support on their healing journey.

### **Ketamine taken in the context of psychotherapeutic treatment, aka KAP**

Psychotherapists and physicians, driven by a commitment to providing advanced and effective care, have delved into the science and benefits of ketamine. With this understanding, some psychotherapists have integrated ketamine into their practices as a powerful adjunctive tool for healing. They believe that the benefits of ketamine are magnified when combined with personalized therapy and the guidance of a trusted psychotherapist.

While ketamine has shown efficacy in alleviating symptoms of mental and emotional distress when used alone, many clinicians advocate for Ketamine-Assisted Psychotherapy (KAP) to unlock deeper and longer-lasting healing. Within the context of a therapeutic relationship, ketamine can help individuals delve into and navigate difficult experiences and behavioral patterns, leading to profound insights and healing that may have been elusive otherwise. KAP has the potential to unearth underlying causes of struggles that were previously beyond the individual's awareness.

### **Becoming a KAP patient**

Your medical provider (through Journey Clinical), a physician or nurse practitioner who practices independently from, but coordinates your treatment plan with, your KAP therapist, will medically assess you to diagnose you and to ensure your safety when using ketamine. Your medical provider will also ask you to read and sign an informed consent document, much like this one, but with additional information about the physical and medical effects and potential side effects of ketamine. If in the judgment of that medical provider, you are assessed as an appropriate candidate for treatment with ketamine and KAP, you will then authorize your medical provider and your KAP psychotherapist to consult about how KAP might best work for you. You and your prescribing medical provider (not your KAP therapist) will decide on the dose and frequency of your ketamine; professional responsibility for those medical decisions lies exclusively with your prescribing medical provider.

Your KAP therapist will consult with your medical provider whose assessment will assist your KAP therapist to formulate a psychotherapeutic treatment plan to meet your particular KAP needs. Please be aware that while your medical provider and KAP therapist will be working in consultation with each other to assist you, they are each separate independent practitioners, each making their own independent assessments and each having exclusive responsibility for the separate aspects of your care that they each provide. The licensure and competence of your KAP psychotherapist is in providing psychotherapy including KAP, but not in prescribing or administering medications such as ketamine.

### **Screening and Assessment:**

In your journey toward Ketamine-Assisted Psychotherapy (KAP), it's essential to understand the screening and assessment process, which is tailored specifically to you. Here's what you can expect:

1. **Your Medical History:** Your Care Team will delve into your individual medical history to identify any pre-existing conditions, past surgeries, or current medications that might influence your suitability for KAP.
2. **Mental Health Evaluation:** Together, we'll assess your current mental health status, exploring symptoms of depression, anxiety, PTSD, or other psychiatric disorders. This may involve standardized assessments and clinical interviews to ensure we understand your unique needs.
3. **Your Substance Use History:** We'll discuss your history of substance use, including alcohol, drugs, and prescription medications. Understanding any substance use disorders or dependencies is crucial for determining your suitability for KAP.

4. **Treatment Goals:** We'll have a conversation about your reasons for seeking KAP and your treatment goals. By understanding your expectations and motivations, we can tailor the therapy to meet your specific needs effectively.
5. **Expectations and Preparation:** You'll receive guidance on what to expect during KAP sessions, including the psychedelic experience, potential risks, and therapeutic benefits. We'll also discuss how to prepare yourself mentally and physically for the therapy.
6. **Informed Consent:** Before proceeding, we'll ensure that you fully understand the nature of KAP, including its risks, benefits, and alternatives. Your informed consent is vital, and we want to make sure you feel comfortable and confident in your decision to participate in the therapy.
7. **Follow-Up Planning:** We'll work together to develop a plan for ongoing care and support, including integration sessions after KAP sessions and regular follow-up appointments to monitor your progress and adjust treatment as needed. Your well-being is our priority every step of the way.

The screening process is designed to ensure the safety and well-being of the individual undergoing KAP and to optimize the therapeutic outcomes of the therapy. It is conducted by qualified healthcare professionals with expertise in psychedelic therapy/psychotherapy and may vary based on individual needs and circumstances.

In psychedelic therapy, thorough preparation is crucial for ensuring a safe and effective experience. That's why we typically provide at least six preparation sessions before proceeding with the therapy. These sessions allow us to establish a trusting therapeutic relationship and thoroughly assess your readiness and suitability for psychedelic therapy, address any concerns or questions you may have, and help you feel fully prepared for the experience.

However, it's important to note that determining suitability can sometimes take longer than six sessions. If, by the end of the sixth session, we feel that further preparation is necessary to ensure your safety and maximize the therapeutic benefits of the psychedelic experience, we may recommend extending the preparation phase. This decision is made with your best interests in mind, as our primary goal is to provide you with the most supportive and effective therapy possible.

Throughout this process, we'll make every effort to be transparent and communicative, keeping you informed every step of the way. Your comfort, well-being, and readiness are our top priorities, and we're here to support you on your journey towards healing and growth.

### **The KAP experience**

3.5 hours will be reserved for your KAP session. After you self-administer your prescribed sublingual ketamine in our office in accordance with the instructions given to you by your medical provider, your KAP psychotherapist will support and guide you as you encounter and explore emotional issues that arise during the KAP session.

**You agree to follow any direct instructions that your psychotherapist gives to you until the therapist determines that the session is over, and to remain at the location of the session until the therapist deems that it is safe for you to leave. (with chaperone)**

Ketamine is formally classified as a “dissociative” anesthetic, dissociation meaning a sense of disconnection from one’s ordinary experience of reality and self. At the dosage typically self-administered during KAP, most people experience mild anesthetic, anxiolytic (anxiety reducing), antidepressant and, potentially, psychedelic effects, though these latter effects are typically minimal. The antidepressant effect tends to have a cumulative effect, that is, be more sustained with repeated use. It has been speculated that dissociative experiences are associated with greater and longer lasting beneficial outcomes. This may also include a positive change in outlook and character that some describe as profound and transformative.

You should be aware that a myriad of internal (emotional/cognitive) and somatic experiences encountered in the process of Psychedelic Assisted Therapy may be temporarily disturbing to you. Visual, tactile and auditory processing may be altered. A mingling of the senses and emotions may occur. Your ordinary sense of time may become dilated, meaning your perception of the passage of time may be different than the actual passage of time.

When the session ends you may still be under the influence of ketamine so leaving with a friend or family member(chaperone) is **REQUIRED**. Driving an automobile or engaging in hazardous activities should not be undertaken until all effects have ceased. **By choosing to proceed with KAP in our office without a chaperone, you acknowledge that you are acting against clinical advice. In such cases, you waive liability protections related to this decision. However you must book a ride share service such as Uber or Lyft. We cannot continue with the session without this safety concern addressed. If client refuses this, session will not be provided, and client will be responsible for the full session cost.**

### **Chaperones and Ketamine-Assisted Psychotherapy (KAP)**

This individual is an adult (18+ years old) and a reliable and trusted person in the patient's life, such as a partner, close friend, family member, or roommate, with whom the patient shares a positive and uncomplicated relationship. During the session, they may be asked for assistance by either the therapist or the patient as needed. For in-person KAP sessions, the role of the chaperone is to pick up the patient and accompany them home. For your safety and well-being, it is essential to have a chaperone present during your Ketamine-Assisted Psychotherapy (KAP) session. Please review the following guidelines:

- ~~**Remote or Self-Guided Sessions:** If you are engaging in a KAP session remotely or self-guided, you agree to have a friend or family member present for the entire duration of your session. We will not proceed with a KAP session if a chaperone is not present. We are not offering remote KAP at this time.~~
- **In-Office Sessions:** For sessions conducted in our office, it is mandatory to have a chaperone accompany you and be available to take you home after your session is complete.
- **Providing Chaperone Information:** You are required to provide us with the name and contact information of your chaperone prior to the session.
- **Acknowledgment of Risks:** By choosing to proceed with KAP in our office without a chaperone, you acknowledge that you are acting against clinical advice. In such cases, you waive liability protections related to this decision.
- **Alternative Transportation:** If you are unable to arrange for a chaperone, you have the option to use a rideshare service (e.g., Uber/Lyft) at your own expense.

Your safety and well-being are our top priorities. Responsibilities of a Chaperone are as follows:

#### **Before the session**

- Show up in person 15 minutes before the KAP session begins (if remote)
- Exchange phone numbers with the KAP patient's therapist and check-in before the session.
- Agree on check-in frequency with patient and therapist (e.g. non-verbal eye check every 15 minutes for self-guided KAP)

#### **During the session**

- Provide a distraction-free environment during the KAP session (e.g. keep kids and pets away with low noise level)
- Stay within voice-range and check-in on the patient based on agreed upon frequency
- Serve as point of contact for the therapist via text and/or phone call
- Help the KAP patient as needed (see below some examples)

- As needed, follow emergency process outlined below

### **After the session**

Stay with the patient until they are alert, able to move around safely, and feel comfortable on their own

### **When may a chaperone be asked to help?**

- **Physical Support:** The dissociative nature of ketamine can be disorienting, so a patient's balance could be poor and they may need help from the chaperone to stand up, move and walk to and from the bathroom, especially in a home with stairs.
- **Technical Issues:** Ideally, the patient's technological set up is working (e.g. laptops, headphones/speakers are fully charged, the music is ad free etc.). In case of a technological difficulty, the therapist or the patient may ask the chaperone to help.
- **Environmental Disturbances:** In case unexpected disruptions arise, such as new people entering or increased noise levels, the chaperone helps manage these factors, maintaining a quiet and focused environment for the patient.
- **In Case of Emergency: Contact 911 or go to the nearest emergency room** and inform the therapist. In addition, please fill out the Adverse Events Form or text 999 to 936-251-5362 once it's safe to do so. A member of our medical team will review your submission and contact you shortly via phone to develop an action plan.

### **Reflecting on Your Experience:**

As part of our commitment to your well-being, a member of our office will reach out to you the day after each psychedelic-assisted therapy session to ensure that you are feeling okay, and to address any immediate concerns or questions you may have.

After each psychedelic-assisted therapy session, an integration session will be scheduled for the following Monday. During this session, you will have the opportunity to reflect on your experience, discuss any insights or challenges that arose, to facilitate further integration into your daily life. Our team is dedicated to supporting you throughout your journey towards healing, and these integration sessions are an essential part of that commitment.

### **Confidentiality**

As you may participate in group KAP integration, either in person or through a virtual session, or as you may come into contact with other patients in our office, you agree that you will keep any information that you learn regarding the identity of any other patient, including but not limited to individuals with whom you may participate in group therapy sessions (in person or virtually), confidential. You agree not to disclose such information unless required by law.

You understand that your presence in your therapist's office or in a virtual setting from time-to-time may be visible to third parties, including the chaperones of other patients, friends and family members of other patients, and others present in the office or virtual setting.

### **Recording Sessions in Psychedelic Assisted Therapy**

In recognition of the unique and transformative nature of Psychedelic Assisted Therapy (PAT), we implement a policy to record therapy sessions on video. This practice serves several essential purposes, outlined below:

1. **Client Safety:** Recording sessions acts as an additional layer of protection for both clients and clinicians, offering a detailed record of the therapeutic process and interactions in the event of any disputes or misunderstandings.

2. Quality Assurance: Recording sessions allows for thorough review and assessment of therapeutic techniques, ensuring adherence to established protocols and maintaining high standards of care.
3. Consultation: Therapists may utilize recorded sessions for consultation and supervision purposes, seeking feedback and guidance from experienced peers to enhance their clinical practice.
4. Training: Video recordings serve as invaluable educational tools for training new therapists, providing real-life examples of therapeutic interventions and facilitating skill development.

**RECORDING AND PRIVACY**

**Confidentiality:** Recorded sessions will be securely stored and maintained in accordance with strict confidentiality protocols, ensuring the privacy and anonymity of clients. A copy of this video may be available to clients for review for 2 weeks following your session. This video is not included in your medical record and will not be accessible to clients after the 2-week review period. After which it will be archived with 256-bit encryption for 10 years pursuant to RCW 70.41.190. **PLEASE NOTE: this video is for your review only, sharing this information breaks compliance with HIPAA regulations and Transformative Growth Therapy cannot be held responsible.**

**Purpose Limitation:** Video recordings will be used exclusively for the intended purposes of quality assurance, training, consultation, and safety. Any other use or disclosure of recordings requires explicit written authorization from the client and therapist unless required by law.

**De-Identification:** Prior to any educational or training use, recorded sessions will be de-identified to remove any identifying information about clients, preserving anonymity and confidentiality.

By adhering to these guidelines, we aim to maintain the integrity, effectiveness, and ethical standards of Psychedelic Assisted Therapy while leveraging the benefits of video recording for continuous improvement and client well-being.

I agree to be recorded during this session       I do not agree to be recorded during this session

Client Initials: \_\_\_\_\_

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**Emergency protocol**

You acknowledge and agree that, if a medical emergency occurs during your remote or in-office KAP session, your therapist will call 911. You further acknowledge and agree that, if you are receiving KAP services remotely or self-guided, your chaperone also may reach out for emergency medical assistance through 911 in the event of a medical emergency. **Pierce County Crisis Team for non-medical emergencies - 1 (800) 576-7764**

**Movement during KAP session**

You acknowledge and agree that your therapist will advise you on whether it is safe to leave a session, such as to use the restroom or to seek fresh air. If your therapist determines that it is safe, if your session occurs in our office, your therapist, co facilitator, or chaperone, will accompany you (**going outside requires Walk and talk consent form, signed prior to dosing**). If your session occurs remotely or in your home, your chaperone will accompany you.

**You acknowledge and agree that you will comply with your therapist’s instructions unless you feel unsafe in doing so. If you choose to leave a session against the advice of your therapist, you release our practice and any therapists providing services to you for any liability related to your actions in leaving the session.**

**Use of Touch**



You acknowledge and agree that your therapist may use touch therapy during your KAP sessions, (facilitated by your chaperone if you participate in KAP self-guided or remotely), unless you object orally. Your therapist will discuss the proposed use of touch therapy with you prior to initiating any use of touch therapy and will comply with your wishes if you choose to refrain from using, or discontinue the use of, touch therapy. You always retain the ability to revoke any consent for the use of touch therapy.

**Please note: If you refuse the use of touch outside of your Session, but ask for it in session, we will be unable to comply.**

Safety: Physical touch will be executed in a manner that prioritizes the physical and emotional safety of both the client and the therapist, avoiding any touch that may cause discomfort or harm.

1. Non-Sexual Touch: Physical touch in PAT sessions will remain strictly non-sexual, serving only therapeutic purposes and devoid of any sexual connotations or intentions.
2. Minimal Touch: Touch will be utilized judiciously and only when deemed essential to facilitate the therapeutic process. Therapists will primarily rely on verbal communication and non-verbal cues to establish rapport and connection.
3. Types of Touch: Permissible forms of touch may include gentle handholding, comforting gestures (such as placing a hand on the client's shoulder), or other non-invasive methods aimed
4. Cultural Sensitivity: Therapists will attempt to demonstrate cultural sensitivity and awareness, acknowledging and respecting diverse cultural norms and individual preferences regarding physical touch. **If you have cultural norms regarding touch, please communicate these to your therapist.**

I agree to the use of touch during the session       I do not agree to use of touch during the session

Client Initials: \_\_\_\_\_

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### **Use of Scent in Ketamine-Assisted Psychotherapy (KAP)**

In our commitment to providing a therapeutic environment conducive to your healing journey, we may incorporate aromatherapy or scents during your Ketamine-Assisted Psychotherapy (KAP) sessions. Please review the following:

- Chaperone Facilitation: If you are participating in KAP self-guided or remotely, your chaperone may facilitate the use of aromatherapy or scents unless you object to their proposed use.
- Client Consent: Your therapist will discuss the proposed use of aromatherapy or scents with you before initiating any use. You have the right to express any preferences or concerns regarding their use. If you choose to refrain from using or discontinue the use of aromatherapy or scents, your therapist will respect your wishes.
- Revoking Consent: You always retain the ability to revoke consent for the use of aromatherapy or scents at any time during the session. **Please note that the scent may not dissipate immediately after cessation of use.**

I agree to the use of scent during the session       I do not agree to the use of scent during the session

Client Initials: \_\_\_\_\_

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### **POLICIES**

- **DRESS CODE POLICY:** clients will dress in and maintain clothing in a manner appropriate for a professional appointment. (No shirt, no shoes, no service.)

- **1<sup>ST</sup> PERSON INTERACTION:** I require all appointments to be scheduled (or canceled) by the person who wishes to receive (or is receiving) therapy.
- **PAYMENT:** in order to provide the best possible quality of service, we need to prepare for your sessions. prep and integration appointments will be billed at time of service, but the dosing session requires a deposit of 50% due at time of booking, The remainder of the costs for your dosing session will be billed at the time of service.
  - Rates are as follows
    - Preparatory/integration sessions \$200
    - Dosing sessions \$800
  - Cancellations: Cancellations must be done 7 days prior to the dosing session and may be rescheduled.
    - Cancellations after this window are not refundable, or reschedulable.
    - No-show appointments will result in the client being charged the full rate for the session.
  - Deposits are nonrefundable at this time. Your commitment to follow through is important.
- **ACCEPTED PAYMENT OPTIONS:**
  - I accept cash, or card payments (processed through square)
  - I also accept payment through your client portal (available through my website)
  - **CHECKS:** Due to an inability to rely on checks as a method of payment, **I do NOT accept checks as payment.**
- **INSURANCE:** These services are not covered by insurance providers.
- **CANCELLATIONS:** Cancellations should be done at least 48 hours prior to scheduled appointment, except for dosing sessions which require a 7-day notice. This will allow me the chance to fill that time with another appointment. Sessions not cancelled within the cancellation window, or client no show/no calls, will be charged the full rate of that appointment.
  - **Cancellations must be made by client. 3<sup>rd</sup> parties may not cancel an appointment on behalf of client.**
- **No-Show/No call:** if you do not cancel your appointment and do not show for it, you will be charged the full cash rate of the appointment. And you will be removed from the schedule until your fee has been paid and you have contacted your clinician.
- **FRAUD:** If there is an attempt to defraud Transformative Growth Therapy PLLC, all prior service agreements will be void, and all outstanding sessions will be charged at the full rate.
- **TOUCH:** Touch is only allowed when explicitly agreed on, and shall remain professional, and safe. We will use the minimum amount of touch to support clients. This can be revoked at any time.

### **Disposal of your prescribed Ketamine.**

You acknowledge and agree that you will follow the applicable state disposal guidance for any ketamine in your possession that will not be used. **CAN BE FOUND IN PHYSICIANS CARE PAPERWORK, AND STATE REGULATIONS LOCATED AT:** <https://doh.wa.gov/you-and-your-family/safe-medication-return>

### **Your decision**

Withdrawal from KAP is always your option. Even after agreeing to undertake KAP, you may decide to withdraw from treatment at any time. However, this does not ensure a refund of a dosing deposit.

### **Client Code of Conduct and Responsibilities**

In the context of psychedelic-assisted therapy, patients understand the importance of adhering to a set of principles and guidelines to ensure a safe, respectful, and effective therapeutic experience. The Patient Code of Conduct draws inspiration from the Professional Practice Guidelines outlined by the American Psychiatric Nurses Association (APNA) and the Psychedelic-Assisted Psychotherapy Code of Ethics provided by the

Multidisciplinary Association for Psychedelic Studies (MAPS). By committing to the following code, patients contribute to the success of their therapeutic journey and cultivate a therapeutic environment that prioritizes well-being.

#### **Commitment to the process of Psychedelic Assisted Psychotherapy**

- Patients will commit to actively participating in treatment by openly expressing thoughts, feelings, and experiences to facilitate a collaborative and trusting relationship with their Journey Clinical member therapist and the Journey Clinical Medical team.
- Patients will respect the professional boundaries set by their therapist and the Journey Clinical Medical Team, and adhere to the agreed-upon structure of the therapeutic sessions.

#### **Respect**

- Patients understand that they must uphold a respectful and ethical demeanor with all Journey Clinical stakeholders including Journey Clinical member therapists, the Journey Clinical Medical team, and staff.

#### **Safety and Well-being**

- Patients will prioritize their physical and emotional safety during and after psychedelic-assisted therapy sessions.
- Patients will promptly communicate any concerns or adverse effects experienced during or after sessions to their therapists and report them via the Journey Clinical portal.

#### **Informed Consent**

- Patients will actively participate in the informed consent process, seeking clarification on any uncertainties regarding the therapeutic approach, potential risks, and benefits.

#### **Compliance with Therapeutic Recommendations and Medical Protocols:**

- Patients will diligently follow any therapeutic recommendations provided by their therapists and strictly adhere to the Journey Clinical Medical team protocols and treatment plan to maximize the effectiveness and safety of the treatment.
  - Protocols and treatment plans include pre-session preparation, vital sign monitoring pre- and post-treatment sessions, dosing and administration, and safety precautions.
- Patients will participate in integration sessions following each dosing session, to facilitate the integration of insights gained during psychedelic sessions into their daily lives.

#### **Open Communication and Transparency with Your Care Team:**

- Patients will actively engage in open, collaborative, and honest communication with their therapists and the Journey Clinical Medical Team, providing accurate information about their medical history, mental health, and any substance use.
- Patients will communicate openly about their thoughts, feelings, and experiences during therapy sessions, fostering a collaborative and trusting therapeutic relationship.
- Patients will provide feedback to their therapists regarding the therapeutic process to enhance the quality of care.

#### **Notification of Changes in Health:**

- It is the responsibility of patients to promptly notify their therapist and the Journey Clinical Medical Team if any changes in their life circumstances may affect their health since their last session. This includes but is not limited to new medications, medical procedures, or significant health events.

#### **Respect for Fellow Participants in a Group Setting:**

- Patients will respect the experiences and privacy of fellow participants in group therapy settings, refraining from judgment or disclosure of personal information shared during sessions.
- Patients will contribute to creating a supportive and non-judgmental therapeutic community.

- Patients will maintain the confidentiality of the therapeutic process, respecting the privacy and anonymity of fellow participants.

**Non-Discrimination and Cultural Sensitivity:**

- Patients will embrace and respect the diversity of individuals, therapists, and Journey Clinical Medical team members participating in psychedelic-assisted psychotherapy, recognizing and valuing differences in culture, ethnicity, gender, and background.
- Patients will refrain from engaging in any form of discrimination or prejudiced behavior during therapy sessions and medical consultations.

**Continuous Self-Reflection:**

- It is recommended that patients continue to engage in previously established self care regimen (such as mindfulness, meditation, body movement, playlist from journey, ect.) to promote self-reflection and enhance self-awareness; in contribution to the therapeutic process and to increase the likelihood of fully integrating the experience into daily life going forward.
- Patients will openly discuss challenges and progress with their therapist and the Journey Clinical Medical team, increasing the therapeutic alliance and fostering a collaborative approach to their personal growth.

**Termination of Therapy:**

- Patients understand that they have the right to terminate therapy at any time and will openly communicate their decision with their therapists and the Journey Clinical Medical Team.
- In the event that patients' therapists determine the need to terminate therapy, patients will respect their professional judgment and collaborate on a suitable termination plan.

**Awareness of Patient Rights:**

- Patients understand their rights and will communicate to their Journey Clinical member therapist and/or Medical Team to report any breach of their rights.
- Rights include:
  - Patients have the right to respectful and compassionate care, free from abuse, mistreatment, harassment, or exploitation.
  - The right to clear and understandable information about diagnoses, treatment, potential effects, risks, benefits, and alternative treatment options.
  - The right to grant, withhold, or withdraw consent to treatment, including the use of touch, and the right to refuse participation in research or educational activities.
  - The right to ask questions and receive satisfactory answers before, during, and after treatment.
  - The right to non-discrimination based on race, gender, gender identity, expression, appearance, physical abilities, religion, culture, age, sexual orientation, or socioeconomic status.
  - The right to privacy and confidentiality, including information about the limitations of confidentiality and knowledge of any individuals involved in discussing their case.
  - The right to reasonable continuity of care and transparent information about fees and payment procedures.
  - The right to a designated advocate, an advance directive, and information about emergency care procedures.
  - The right to be informed about the people providing treatment, their licensure, qualifications, and training.
  - The right to participate in the treatment plan decisions whenever possible.

By adhering to this Patient Code of Conduct, patients commit to fostering a therapeutic environment that prioritizes safety, respect, and collaboration, supporting the clinical outcomes of psychedelic-assisted psychotherapy for themselves and their fellow participants.

**Financial Obligations:**

You, the client, have the right to a Good-Faith-Estimate, estimating the costs regarding your care. We will do our best to estimate this as sometimes changes throughout the course of treatment. If the care plan has significant changes, a new Good-Faith-Estimate will be provided to you

- Preparatory/Integration sessions: \$200/HR. Typically 6 prep and 2 integrations.
- Dosing Session: \$800/3.5HR will depend on your treatment plan that you and your Journey Clinical Medical provider decide on.

**Your agreement**

Please read this consent form thoroughly and carefully, and feel free to ask questions about any of the information in it. Once you indicate that you have understood the benefits and risks of this treatment, you will be asked to sign this form. By signing this document, you indicate that you have understood the information provided and that you give your consent for KAP.

I, the client, understand the nature of KAP, including potential risks, benefits, and expectations. I fully understand the treatment process, including preparation, Dosing/experience, and integration sessions. and have had ample opportunity for questions and discussion. I agree to the financial obligations associated with this type of therapy and agree to engage in the therapeutic process of Ketamine Assisted Psychotherapy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date