



PSYCHEDELIC-INFORMED PREPARATION AND INTEGRATION SERVICES INFORMED CONSENT

I understand that Lynne Sheridan, LMFT, is a licensed Marriage and Family therapist providing psychotherapy, preparation, education, harm reduction support, and integration services.

I understand that psychedelic substances, including but not limited to psilocybin, MDMA, ayahuasca, LSD, mescaline, and other psychedelic compounds, may be illegal under federal law and/or the laws of the jurisdiction in which they are obtained, possessed, or used.

I understand that Lynne Sheridan does not prescribe, administer, provide, furnish, distribute, store, transport, recommend or direct the use of psychedelic substances.

I understand that any decision to obtain, possess, or use a psychedelic substance is my own independent decision and responsibility.

I understand that the services I receive are limited to therapy, preparation, education, harm reduction support, and integration of experiences that may occur before, during, or after psychedelic experiences.

I understand that psychedelic experiences may involve significant risks, including but not limited to:

- Intense emotional experiences
- Anxiety, panic, fear, grief, or confusion
- Re-emergence of traumatic memories
- Changes in perception, mood, or belief systems
- Relationship changes
- Spiritual or existential distress
- Temporary impairment of judgment or functioning
- Rare but serious psychiatric complications

I understand that individuals with certain medical or psychiatric conditions may face increased risk, including those with a personal or family history of psychotic disorders, bipolar disorder, serious cardiovascular conditions, or certain medication interactions.

I understand that no guarantees have been made regarding the outcome of these services or any psychedelic experience.

I understand that meaningful integration often requires ongoing reflection, behavioral changes, support, and continued therapeutic work.

I understand that confidentiality applies to psychotherapy services subject to legal and ethical exceptions, including situations involving danger to self, danger to others, abuse reporting requirements, or court orders as required by law.

I have had the opportunity to ask questions and receive answers regarding these services and I voluntarily consent to participate in psychedelic-informed preparation and/or integration services.

Date *Therapist Signature* *Date* *Signature*



SCOPE OF PRACTICE AND LEGAL DISCLOSURE

Please read this document carefully and ask any questions you may have before signing.

PROFESSIONAL ROLE

I understand that Lynne Sheridan is a Licensed Marriage and Family Therapist (LMFT) and that services provided are psychotherapy, psychoeducation, preparation support, harm reduction education, and integration support.

I understand that this work may include exploration of thoughts, emotions, behaviors, relationships, trauma history, personal growth, spiritual experiences, and life transitions.

The purpose of these services is to support psychological well-being, personal development, emotional healing, and the integration of meaningful life experiences.

LIMITATIONS OF SERVICES

I understand that Lynne Sheridan does not prescribe medications.

I understand that Lynne Sheridan does not provide medical treatment or medical advice.

I understand that Lynne Sheridan does not diagnose or treat medical conditions beyond the scope of psychotherapy practice.

I understand that I am encouraged to consult with qualified medical professionals regarding any physical health concerns, medication questions, or medical risks.

PSYCHEDELIC-RELATED SERVICES

I understand that preparation and integration services may include discussion of psychedelic experiences, altered states of consciousness, spiritual experiences, personal intentions, psychological readiness, harm reduction practices, and post-experience integration.

I understand that preparation and integration services are educational and therapeutic in nature.

I understand that these services do not constitute medical supervision of psychedelic use.

LEGAL STATUS OF PSYCHEDELIC SUBSTANCES

I understand that certain psychedelic substances may be illegal under federal law and/or the laws of the state or country in which they are obtained, possessed, transported, distributed, or consumed.

I understand that laws regarding psychedelic substances continue to evolve and may vary significantly across jurisdictions.

I acknowledge that I am solely responsible for understanding and complying with any applicable laws.



CLIENT RESPONSIBILITY

I understand that any decision regarding the acquisition, possession, transportation, consumption, or use of a psychedelic substance is entirely my own decision and responsibility.

I understand that Lynne Sheridan does not direct, instruct, encourage, require, prescribe, administer, distribute, store, sell, or furnish psychedelic substances.

I understand that any psychedelic experiences discussed in therapy are discussed for purposes of preparation, education, psychological support, harm reduction, and integration.

NO GUARANTEE OF OUTCOME

I understand that psychotherapy and integration services involve uncertainty.

I understand that no guarantees have been made regarding personal growth, symptom relief, emotional healing, spiritual experiences, relationship outcomes, or any other therapeutic benefit.

Every individual responds differently to therapeutic work and to any experiences they may choose to pursue.

EMERGENCY AND SAFETY CONSIDERATIONS

I understand that if I experience a psychological, psychiatric, or medical emergency, I should seek appropriate emergency services immediately.

I understand that psychotherapy services are not designed to provide emergency response, crisis intervention outside agreed-upon arrangements, medical monitoring, or medical supervision.

ACKNOWLEDGMENT

I acknowledge that I have read this document, understand its contents, have had an opportunity to ask questions, and understand the scope and limitations of the services being provided.

<i>Date</i>	<i>Therapist Signature</i>	<i>Date</i>	<i>Signature</i>
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And another perspective of Informed Consent for Psychedelic Therapy, is that it is more than signing a form or simply saying “yes” to the unknown.

It is a profound agreement, a sacred bond between you, your guide, and the medicine itself. From Mia Costo, what informed consent truly means for a journey:

- I give consent to you carrying my soul across an ineffable galaxy.
- I give consent to uploading my consciousness, so we can both peer into it with compassion.
- I give consent to exploring my heartstrings together.
- I give consent to reconfiguring the landmines of my mind.
- I give consent to rewiring how I process and integrate my childhood trauma.

This isn't a passive decision. It is an active, ongoing, and deeply personal process. It is more than agreeing to the Journey; it's about knowing the risks, embracing the possibilities, and being truly prepared to hold space for yourself amidst both the magic and the mess.