

Informed Consent for EMDR Treatment

I have been informed about treatment with Eye Movement Desensitization and Reprocessing (EMDR) and that it is a reliable and valid method of therapy for PTSD.

Also I have read and understand the following:

EMDR is a therapy modality used to persons who have experienced trauma. During treatment distressing unresolved memories may surface. Some clients have experienced reactions during treatment sessions that neither they nor the administering clinician may have anticipated, including a high level of emotional or physical sensations.

Before engaging in EMDR treatment I have thoroughly considered all of the above, I have obtained whatever additional input and/or professional advice I deemed necessary or appropriate to having EMDR treatment. By my signature below I hereby consent to receiving EMDR treatment. My signature on this Acknowledgment and Consent is free from pressure or influence from any person or entity.

Date: _____

Client Signature: _____