



# CONSENT FOR EMDR TREATMENT

(Eye Movement Desensitization & Reprocessing)

I have been advised and understand that Eye Movement Desensitization and Reprocessing (EMDR) is a treatment approach that has been widely validated by research only within civilian PTSD. Research on other applications of EMDR is now in progress.

I have also been specifically advised of the following:

Distressing, unresolved memories may surface through the use of the EMDR procedure. Some clients have experienced reactions during the treatment sessions that neither they nor the administering clinician may have anticipated, including a high level of emotion or physical sensations. Subsequent to the treatment session, the processing of incidents/material may continue, and other dreams, memories, flashbacks, feelings, etc., may surface.

Before commencing 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, and 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.

\_\_\_\_\_  
Client Name (Please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client and/or Legal representative signature