

## EMDR TREATMENT INFORMED CONSENT

Confidentiality is guaranteed by law except in certain instances of physical or sexual abuse of a child, elderly or disabled person, or in the case of imminent danger to self or others (suicidal or homicidal threat).

The goal of therapy is improved quality of personal and emotional life. The degree of client improvement depends on the client's commitment and readiness to change. During the course of therapy, it is normal and expected that some clients may experience some uncomfortable or painful emotions, and unanticipated life events.

Related to this, I have been advised and understand that Eye Movement Desensitization and Reprocessing (EMDR) is a treatment approach, widely validated by research on clients with PTSD. I have also been specifically advised that distressing, unresolved memories may surface through the use of the EMDR procedure. Some clients may experience reactions during the treatment session that neither they nor the clinician can anticipate, including a high level of emotion or physical sensation.

After treatment, the processing of material may continue and other dreams, memories, flashbacks, feelings or intrusive thoughts may surface. Before beginning EMDR treatment I have thoroughly considered all of the above, and obtained all professional advice necessary or appropriate to have EMDR treatment. By my signature below, I hereby consent to receiving EMDR treatment and acknowledge that my signature on this consent form is free from pressure from any person or entity.

**Client Printed Name:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Therapist Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_