

Client Name: \_\_\_\_\_ Chart#: \_\_\_\_\_

## Acknowledgement and Consent Form

### Consent for Eye Movement Desensitization and Reprocessing Treatment (EMDR)

EMDR is an integrative psychotherapy approach that has been extensively researched and proven effective for the treatment of trauma. EMDR is a set of standardized protocols that incorporate elements from many different treatment approaches. To date, EMDR therapy has helped millions of people of all ages relieve many types of psychological stress. I have also been advised that, although there are no currently known serious side effects to EMDR, there is minimal data to its efficacy or safety.

I have been specifically advised of the following:

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

I also acknowledge that I have been given specific information on the EMDR procedures and how the process occurs. I have also been advised to search out information on the internet regarding EMDR so that I have other views besides what is currently being presented to me.

**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.**

Please check the following that apply:

\_\_\_\_\_ I have a history of seizures.

\_\_\_\_\_ I do not have a history of seizures.

\_\_\_\_\_ I have a history of a dissociative disorder.

\_\_\_\_\_ I do not have a history of a dissociative disorder.

My signature on this Acknowledgement and Consent is free from pressure or influence from any person or entity.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date