EMDR Acknowledgement & Consent Form

I have been advised and understand that Eye Movement Desensitization and Reprocessing (EMDR) is a treatment approach that has been widely validated by research for use with Post-Traumatic Stress Disorder (PTSD) and other psychological distress.

I have also been specifically advised of the following:

(1) 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 and/or physical sensations.

(2) Subsequent to the treatment session, the processing of incidents and/or material may continue, and other dreams, memories, flashbacks, feelings, etc. may surface.

(3) Before commencing EMDR treatment, I have thoroughly considered all of the above information. I have obtained whatever additional input and/or professional advice I deemed necessary and/or appropriate to making an informed decision concerning my participation in EMDR treatment.

By my signature on the Acknowledgement and Consent form, I acknowledge and consent to receiving EMDR treatment from Emily Robson, LPC. I understand that I may stop treatment at any time before or during any EMDR session. My signature on this Acknowledgement and Consent Form is free from pressure or influence form any person or entity.

Client/Guardian Signature: _____Date: _____

Parent Signature: _____Date:_____
(If client is a minor)

Therapist Signature:_____Date:_____

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