



Susan Strong

MED in Counseling
AZ Licensed Professional Counselor
AZ Licensed Independent Substance Abuse Counselor

Informed Consent:
EMDR

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 with 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 EMDR procedure. Some clients have experienced reactions during the treatment sessions that neither they nor the administering clinician may have anticipated, including high level of emotional 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 Acknowledgement and Consent is free from pressure or influence from any person or entity.

Client Name (printed): _____

Client Signature: _____

Date: _____

Consent for Treatment If Client is a Minor:

I/We consent that _____ may be treated as a client and consent to the client receiving EMDR treatment.

Parent/Guardian Signature: _____

Date: _____