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License # MFC31177

Consent for Eye Movement Desensitization and Reprocessing Treatment

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 advised of the following:

1) Distressing unresolved memories may surface through the use of the EMDR procedure.

2) 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.

3) 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.

_____	_____	_____
signature of client	printed name	date

_____	_____	_____
signature of parent/guardian/ representative	printed name	date

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