

Acknowledgement and Consent for Eye Movement Desensitization and Reprocessing Treatment

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I _____ have been advised and understand Eye Movement Desensitization and Reprocessing Treatment (EMDR) can have the following impact:

- a) Distressing, unresolved memories may surface through the use of the EMDR procedure.
- b) 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.
- c) 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 my person or entity.

Client Printed Name

Client Signature

Date

If the collateral person is a minor or otherwise requires authorization by another

Printed Name of Responsible Party

Legal relationship to collateral person

Witness Signature

Date