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EMDR Informed Consent Form

- I have read the EMDR (Eye movement Desensitization and Reprocessing) client handout.
- EMDR is a trauma modality that facilitates the reprocessing of traumatic memory. Scientific research has established EMDR as effective and fast treatment of post-traumatic stress, phobias, panic attacks, anxiety, depression, bereavement, sexual and physical abuse, disturbing memories, and difficulties with self-esteem.
- Reprocessing a memory may bring up associated memories, which is normal and will also be reprocessed.
- During the EMDR, the client may experience high level of emotion and/or physical sensations.
- Reprocessing of the information or memory may continue after the session. The client may experience dreams, thoughts, feelings or sensations associated with the memory. If this happens, client may write them down in a log/journal and use the coping tools determined in previous sessions.
- Client is in charge of her/his session and may stop at any time.
- There is no known adverse effects of interrupting EMDR therapy; therefore, a client can discontinue treatment at any time.
- Before participating in EMDR, client should discuss with therapist any upcoming court case where testimony is required. The client may postpone the EMDR treatment if she/he is a victim or witness to a crime that is being prosecuted because the traumatic material being processed by EMDR may fade and impact and compromise the client's testimony.
- Those with limiting or special medical conditions (seizures, pregnancy, eye conditions, etc.) should consult with their medical doctor before participating in this therapeutic method. Certain medication such as benzodiazepines or narcotics for pain may interfere with the process and reduce the effects of EMDR.
- This treatment is facilitated by an EMDR therapist certified by **Bodymind Institute – Compassionate Transformative Healing for All**.
- I have read and understand the above information about EMDR. I understand that I can choose to discontinue treatment at any time. I agree to participate in EMDR treatment and I assume any risks involved in such participation.

Client Signature

Date

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