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Consent for “Eye Movement, Desensitization and Reprocessing” (EMDR)

By signing below, I acknowledge that:

I have been advised and understand that EMDR is a therapeutic treatment approach that has produced promising results in reducing anxiety and post-traumatic stress symptoms, such as intrusive thoughts, nightmares, and flashbacks. I realize that EMDR may not be appropriate for all people or situations, and that there are no guarantees. I have specifically been advised of the following:

1. Distressing, unresolved memories may surface through the use of EMDR procedure;
2. Some clients have experienced a high level of emotion or physical sensation during EMDR;
3. Processing may continue between EMDR sessions and new material may surface. These dreams, memories, feelings, etc. should be noted in a journal and brought to the next session.

I agree to notify the Clinician regarding any medical or neurological conditions (pregnancy, cardiac or respiratory conditions; seizures, eye problems, or previous head injury). If there are any legal proceedings related to the targeted incident, I will reveal this to the Therapist.

I agree to honestly and accurately report all feelings and fragments of information that arise during the EMDR session. I feel ready to be released from any disturbing/traumatic material and choose to engage in this therapeutic treatment.

Client Signature

Date

Therapist Signature

Date