

CONSENT FOR EYE MOVEMENT DESENSITIZATION AND REPROECESSING (EMDR) TREATMENT

I _____ have been advised by Nikki Harris, MFT and understand that Eye Movement Desensitization and Reprocessing (EMDR) is a treatment approach that has been validated by research. I have been informed that studies have shown that EMDR has reduced anxiety and reduced post-traumatic stress symptoms, such as intrusive thoughts, nightmares and flashbacks.

I have been advised that there are currently no known serious side effects to EMDR.

I have also been specifically 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 emotional or physical sensation.
- 3) Subsequent to the treatment session, the processing of the incidents/material may continue and other dreams, memories, flashbacks, feelings etc. may surface.

Before commencing the EMDR treatment, I have thoroughly considered all of the above. I have obtained whatever additional input I thought necessary before having EMDR treatments and by my signature below I hereby consent to receiving EMDR treatment.

My signature on the Acknowledgment & Consent is free from pressure or influence from any person or entity

Date

Signature