

VISTA EAP AND COUNSELING AND INTENTIONS YOGA

Cynthia Neal-Herzog, LCSW, ICADC, CAP, e-500 RYT

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 with PTSD

I have also been specifically advised of the following:

- ~ Distressing, unresolved memories may surface through the use of the EMDR procedure
- ~ 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.
- ~ Subsequent to the treatment session, the processing of incidents/events/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 consent is free from pressure or influence from any person or entity

Client Signature _____

Date _____