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### **EMDR ACKNOWLEDGMENT AND CONSENT FORM**

I have been advised and understand that Eye Movement Desensitization and Reprocessing (EMDR) is a treatment approach that has been widely validated by research only with PTSD. Research on other applications of EMDR is now in progress.

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/material may continue, and other dreams, memories, flashbacks, feelings, etc., may surface.

Before commencing EMDR treatment,

- I have thoroughly considered the above information and have adequate stabilization/self-control strategies in place to manage possible effects of treatment.
- I have obtained whatever additional input and/or professional advice I deemed necessary or appropriate to having EMDR treatment.
- I have discussed my relevant medical/health history with my practitioner.

By my signature below I hereby agree with the statements above and consent to receiving EMDR treatment. My signature on this Acknowledgment and Consent is free from pressure or influence from any person or entity.

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_