

Lizbeth Hamlin MA, LMFT
621 Cherry St. Santa Rosa, CA. 95404
707 575-8189 lizbeth.hamlin@me.com
www.lizbethhamlin.com

CONSENT FOR EMDR TREATMENT
(Eye Movement Desensitization and Reprocessing)

I have been advised and understand the EMDR is a treatment approach that has been widely validated by research only with civilian PTSD. Research on the other application of EMDR is now in progress and continues to be researched for its efficacy in treating specific traumas.

I have also been specifically advised of the following:

- (a) Distressing, unresolved memories may surface through the use of EMDR procedure.
- (b) Some clients have experienced reactions during the treatment session neither they nor the administering clinician may have anticipated, including a high level of emotion or psychological sensations.
- (c) Subsequent to the treatment session, the processing of the incident/material may continue, as well as dreams, memories, flashbacks, feelings, etc., may surface and occur.

Before commencing EMDR treatment, I have thoroughly considered all the above, I have obtained whatever additional input and/or professional advice I deemed necessary or appropriate to adding EMDR to my treatment. By my below signature, I hereby consent to receiving EMDR treatment.

My signature on this Acknowledgement and Consent is free from pressure or influence from any person or entity.

Client Signature _____ Date _____