

EMDR Therapy Consent Form

Alycen Davis Therapy LLC

Client Name: _____

Date of Birth: _____

Date: _____

Introduction

Eye Movement Desensitization and Reprocessing (EMDR) therapy is an evidence-based approach designed to help individuals process distressing memories and experiences. EMDR utilizes bilateral stimulation (such as guided eye movements, tapping, or auditory tones) to help reprocess traumatic or distressing memories, reducing their emotional intensity and impact.

Purpose and Benefits

The goal of EMDR therapy is to assist in reducing distress associated with past experiences, improving emotional regulation, and fostering healthier cognitive and behavioral patterns. EMDR has been shown to be effective in treating post-traumatic stress disorder (PTSD), anxiety, depression, and other distressing life experiences.

Potential Risks and Considerations

While EMDR is generally safe and effective, there are some potential risks, including:

- Temporary emotional discomfort or distress
- The possibility of re-experiencing difficult memories during or between sessions
- Fatigue or physical sensations related to processing trauma
- Unanticipated emotions or memories surfacing after sessions

If at any time you feel overwhelmed, please communicate this to your therapist so adjustments can be made.

Confidentiality

All sessions are confidential, except in cases where disclosure is required by law, including:

- If there is a risk of harm to yourself or others
- If there is suspected abuse or neglect of a child, elderly person, or dependent adult
- If records are subpoenaed by a court

Voluntary Participation

EMDR therapy is voluntary, and you have the right to stop or pause treatment at any time. If you choose to discontinue therapy, your therapist can discuss alternative treatment options with you.

Consent to Treatment

I have read and understand the information provided above regarding EMDR therapy. I have had the opportunity to ask questions and understand that I may withdraw my consent at any time. I voluntarily consent to participate in EMDR therapy with **Alycen Davis Therapy LLC**.

Client Signature: _____

Date: _____

Therapist Signature: _____

Date: _____