



Soul Purpose Behavioral Health

Eye Movement Desensitization and Reprocessing (EMDR) Therapy Informed Consent

What is EMDR Therapy?

Eye Movement Desensitization and Reprocessing (EMDR) is a structured therapy that helps individuals heal from trauma or distressing life experiences. It uses bilateral stimulation (e.g., eye movements, tapping, or tones) to help the brain process traumatic memories and reduce their emotional impact. EMDR is recognized by the American Psychological Association and the World Health Organization as an effective treatment for PTSD and other emotional disturbances.

Goals and Benefits of EMDR

EMDR aims to:

- Reduce distress associated with traumatic memories
- Promote emotional healing and improved functioning
- Change negative beliefs into more adaptive, positive beliefs
- Improve emotional regulation and daily coping

While EMDR has proven effective for many people, results vary and no guarantees can be made regarding its effectiveness.

Potential Risks of EMDR

As with any therapeutic intervention, there are potential risks. These include:

1. Intense Emotional Distress: You may experience strong emotions or body sensations during or after sessions.
2. Emergence of New Memories: Previously repressed or forgotten memories may surface.
3. Physical Reactions: You may feel tired, dizzy, or physically affected during or after sessions.
4. Incomplete Processing Between Sessions: Some distress may linger between sessions.
5. Possible Increase in Symptoms: In some cases, symptoms may temporarily worsen before improvement occurs.

Client Rights and Responsibilities

- Participation in EMDR therapy is voluntary.
- You have the right to ask questions, decline, or withdraw from EMDR therapy at any time.
- Confidentiality will be maintained per HIPAA and professional ethical guidelines.
- You agree to inform your therapist of any changes in your mental or physical health during treatment.

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Emergency and After-Hours Policy

EMDR can sometimes bring up intense emotions. If you are in crisis or experiencing an emergency outside of session hours, please contact 911, go to your nearest emergency room, or call a crisis hotline such as 988 (Suicide & Crisis Lifeline).

Release of Liability

By signing this consent form, you acknowledge and understand that EMDR may cause temporary emotional or physical distress, including but not limited to anxiety, dissociation, or fatigue. You affirm that you are voluntarily choosing to participate in EMDR therapy and that you assume full responsibility for your participation.

You hereby release and hold harmless your therapist and [Your Practice Name], including all affiliates and representatives, from any and all liability for any unintentional physical, psychological, or emotional distress that may arise in connection with EMDR therapy. This release does not waive your rights in cases of gross negligence or willful misconduct.

Consent and Agreement

By signing below, you acknowledge that:

- You have read and understood the information above.
- You have had the opportunity to ask questions and receive answers.
- You give your voluntary and informed consent to participate in EMDR therapy.

Client Signature: _____

Date: _____

Therapist Signature: _____

Date: _____