**EMDR CONSENT TO TREAT FORM**

Lighthouse Counseling Services, PLLC offers EMDR (Eye Movement Desensitization Reprocessing) to clients. It is a treatment approach that has been validated by research, and continues to be studied, for the treatment of mental health issues. Distressing, unresolved memories may surface during the use of this procedure. Reactions such as high level of emotion or physical sensations, may occur that neither the client, or therapist, anticipate. After the sessions processing may continue as the client may have more memories surface, dreams, flashbacks, feelings, etc.

By signing this consent, I understand the above and have been able to ask any further questions. By signing below, I hereby consent for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to receive EMDR treatment.

Parent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Parent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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