

## INFORMED CONSENT TO TREAT USING EMDR

I, \_\_\_\_\_ acknowledge that I have read and understand the statement entitled “What is EMDR” as seen on [www.lightsourcecounseling.com](http://www.lightsourcecounseling.com) website.

Furthermore, I have been advised that unresolved memories (some of them including strong emotion or physical sensations), may surface between sessions due to the use of the EMDR procedures during therapy sessions. These may include but not be limited to dreams, memories, flashbacks, feelings, etc.

I have thoroughly considered all of these possibilities, and have obtained all additional input and/or professional advice that I believe I need about having EMDR treatment.

My signature below indicates that all of the above statement is true, and that I hereby freely consent to receive treatment using EMDR by LightSource Counseling, INC., Lisa Ferguson, therapist.

Client Signature:

Date:

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