kbl
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counseling
& consulting

CONSENT FOR EYE MOVEMENT DESENSITIZATION & REPROCESSING SENSORIMOTOR PSYCHOTHERAPY HAVENING TECHNIQUE®

I have been advised and understand Eye Movement Desensitization and Reprocessing (EMDR), Sensorimotor Psychotherapy (SP) and/or Havening Technique® can have the following impact:

(a) Distressing, unresolved memories may surface through the EMDR, SP and/or Havening Technique® procedure

(b) Some clients have experienced reactions during the treatment sessions that neither they nor the administering clinician may have anticipated, including high level of emotional or physical sensations.

(c) Subsequent to the treatment session, the processing of incidents/material may continue, and other dreams, memories, flashbacks, feelings may surface.

Before commencing EMDR, SP and/or Havening Technique® treatment, I have thoroughly considered all of the above; I have obtained whatever additional feedback and/or professional advice I deemed necessary or appropriate to having EMDR, SP and/or Havening Technique® treatment; and by my signature below, I hereby consent to receiving EMDR, SP and/or Havening Technique® treatment.

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

CLIENT SIGNATURE DATE

CLIENT'S PRINTED NAME

PARENT/GUARDIAN

WITNESS