

Informed Consent for EMDR and/or Telehealth Treatment

I have been informed and educated on the EMDR process and the associated risks. I have received adequate knowledge, resources and been allowed to ask necessary questions related to the EMDR and/or telehealth process.

I understand the risks associated with using EMDR and/or telehealth treatment and understand that by signing this form I am electing to use EMDR and/or telehealth treatment. I assume all responsibility for any liabilities, injuries, and/or damage sustained by me and/or otherwise that should arise in connection to utilizing EMDR and/or Telehealth treatment.

I agree to seek support, utilize and/or create a safety plan if necessary, and report any negative side effects from the use of EMDR and/or telehealth treatment.

I have considered my treatment options and provide my consent for receiving EMDR and/or telehealth treatment.

Client Name: _____

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____