

Kairos Counseling, LLC
Carol A. Krentz, LPC
201 South Skinker Boulevard St. Louis, MO 63105
1715 Deer Tracks Trail, suite 260, St Louis, MO 63131
Phone: 314-882-0495
carolkrentz@kairoscounselingstl.com

EMDR Acknowledgement & Consent Form

I have been advised and understand that Eye Movement Desensitization and Reprocessing (EMDR) is a treatment approach that has been widely validated by research for use with Post-Traumatic Stress Disorder (PTSD). Research on other applications of EMDR is now in progress.

I have also been specifically advised of the following:

- (1) Distressing, unresolved memories may surface through the use of the EMDR procedure. Some clients have experienced reactions during the treatment sessions that neither they nor the administering clinician may predict, including a high level of uncomfortable emotions and/or physical sensations.
- (2) Subsequent to the treatment session, the processing of incidents and/or material may continue, and other dreams, memories, flashbacks, feelings, etc., may surface. The EMDR treatment does not cause these memories but rather the surfacing of these memories or thoughts.
- (3) Before commencing EMDR treatment, I have thoroughly considered all of the above information. I have obtained whatever additional input and/or professional advice I deemed necessary and/or appropriate to making an informed decision concerning my participation in EMDR treatment.

By my signature on the Acknowledgement and Consent form, I acknowledge and consent to receiving EMDR treatment from Carol Krentz, LPC, NCC a properly licensed and registered Licensed Professional Counselor who has been properly trained in the EMDR technique, Level 1 & 2. My signature on this Acknowledgement and Consent Form is free from pressure or influence from any person or entity. I understand that I may discontinue this type of psychotherapy any time.

Date: _____

Client's Signature: _____
