



sherilynacy@gmail.com

centerforemdr.com

5866 Karen Street

Ooltewah, TN 37363

423-910-9430

Center for EMDR Therapy Therapy Agreement

Having read Center for EMDR Therapy's *Policies and Procedures*, and *Welcome*, I agree to participate in EMDR Therapy with Sherilyn Lacy, LPC-MHSP.

I am aware of the risks involved in engaging in EMDR Therapy. I understand that:

- Deeply uncomfortable or painful feelings from my past might be temporarily re-activated during my journey toward emotional healing
- I might feel fear
- Urges to use substances or engage in other addictions might be temporarily re-activated
- People in my life might resist the changes I make
- I might discover things within myself that I don't like knowing
- Because each person is different, my experience with EMDR Therapy could have other unpredictable results

I accept these risks, knowing that I am likely to experience other, more positive, effects of change, as well. I might:

- Heal from the effects of trauma and abuse
- Undo old, ineffective patterns of thinking and behavior
- Achieve greater satisfaction with my life and relationships
- Become more effective in my life
- Experience more peace and joy
- Gain the ability to interact with children in ways that prepare them for the happiest possible lives

I understand that on the basis of the results of research about the effectiveness of EMDR Therapy I can feel fairly confident that I *will* experience positive change.

I understand that my therapy is a partnership between me and my therapist, and that my willingness to be honest with my therapist, participate fully in the therapy, entertain and implement new ideas, and faithfully attend sessions will make the difference between successful and disappointing outcomes.

I understand and agree to the financial policies and procedures of *Center for EMDR Therapy*.

Client: _____

Date: _____