



Registration Form (EMDR)

Today's Date _____

Patient Information

Patient Legal Name (Print) _____
Last Name _____ First Name _____ Middle Initial _____

Patient Preferred Name _____ Date of Birth _____ Age _____
Last Name _____ First Name _____ Middle Initial _____

Street Address _____ City _____

State _____ ZIP _____ Home phone _____ Work phone _____

Social Sec. # _____ Emergency Contact _____

Emerg Phone _____

Legal sex listed with insurance: Male Female Gender Identity: Male Female

Other _____ Pronouns: _____

Marital Status: Single Married Partnered Divorced Separated Widowed Other

Employer _____

Occupation _____

Email address _____

Referred by: _____

INFORMED CONSENT FOR EMDR

EMDR (eye movement desensitization and restructuring) is a simple but efficient therapy using bilateral stimulation (BLS) – tapping, auditory tones or eye movements – to accelerate the brain's capacity to process and heal a troubling memory or trauma. BLS, which occurs naturally during dream sleep, causes the two brain parts to work together to reintegrate the memory. Some clients experience relief or positive effects in just a few sessions. EMDR is effective in alleviating trauma-related symptoms, whether the traumatic event occurred many years ago or yesterday. It gives desired results –with little talking, without the use of medications, and requires no “homework” between sessions.

Scientific research has established EMDR as effective for the treatment of post traumatic stress, phobias, panic attacks, anxiety disorders, stress, sexual and physical abuse, disturbing memories, complicated grief and addictions.

The possible benefits of EMDR treatment include the following:

The memory is remembered but the painful emotions and physical sensations and the disturbing images and thoughts are no longer present.

EMDR helps the brain reintegrate the memory and store it in a more appropriate place in the brain. The client's own brain reintegrates the memory and does the healing.

The possible risks of EMDR treatment include the following:

Reprocessing a memory may bring up associated memories. This is normal and those memories will also be reprocessed.

During EMDR, the client may experience physical sensations and access images, emotions and sounds associated with the memory.

Reprocessing of the memory normally continues after the end of the formal therapy session. Other memories, flashbacks, feelings and sensations may occur. The client may have dreams associated with the memory. Frequently the brain is able to process these additional memories without help, though they may be targeted during the next session. A plan on how to manage distress between sessions will be developed before processing occurs.

As with any other therapeutic approach, reprocessing of traumatic memories can be uncomfortable; that means, some people may experience unpleasant emotions, thoughts, or memories throughout the process. Others need more preparation, offered by the therapist, before processing traumatic events using EMDR.

There are no known adverse effects of interrupting EMDR therapy; therefore, a client can discontinue treatment at any time.

EMDR treatment is facilitated by a psychotherapist with training through an Eye Movement Desensitization Reprocessing International Association (EMDRIA) approved training.

HISTORY AND SAFETY FACTORS

The client must ...

- Be willing to tell the psychotherapist the truth about what he/she is experiencing.
- Be able to tolerate high levels of emotional disturbance, be willing to reprocess associated memories resulting from EMDR therapy, and to use self control and relaxation techniques (eg. calm place exercise).
- Utilize plan developed with psychotherapist, connect with supportive family or friends, or use meditation or other techniques (eg. calm place exercise) he/she has agreed to in therapy, if needed.

- *Pause involvement in other types of psychotherapy that may overlap with trauma work during EMDR treatment and work solely with their EMDR psychotherapist unless otherwise recommended by EMDR psychotherapist.*
- Disclose to psychotherapist and consult with his/her GP before EMDR therapy if he/she has a history of or current eye problems, a diagnosed heart disease, elevated blood pressure, or is at risk for or has a history of stroke, heart attack, seizure, or other limiting medical conditions that may put him/her at medical risk. Due to stress related to reprocessing traumatic events, pregnant women should consider postponing EMDR therapy.
- *Be willing to allow the EMDR psychotherapist to collaborate with other medical professionals and important supports.*
- Inform the psychotherapist if he/she is wearing contact lenses and will remove them if they impede eye movements due to irritation or eye dryness. The psychotherapist will discontinue bilateral stimulation (BLS) eye movements if the client reports eye pain and use other dual stimulation (tapping, sounds) to continue reprocessing.
- Assess his/her current life situation to determine EMDR approach. The client may need the ability to postpone a demanding work schedule immediately following EMDR sessions.
- Before participating in EMDR, discuss with the psychotherapist all aspects of an upcoming legal court case where testimony is required. The client may need to postpone EMDR treatment if she/he is a victim or witness to a crime that is being prosecuted because the traumatic material processed using EMDR may fade, blur or disappear and her/his testimony may be challenged.
- Understand that disagreements with family and/or friends may occur as she/he learns new skills such as assertiveness or social skills after processing problems and disturbing material using EMDR. Vulnerable clients should create a plan to ensure safety.
- Be willing to explore the issues(s) that may arise as change occurs through EMDR treatment. For example, changes regarding your identity; finances; loss of identification with a peer group; and/or attention.
- Consult with his/her medical doctor, before utilizing medication. Some medications may reduce the effectiveness of EMDR. For example, benzodiazepines may reduce effectiveness possibly due to state-dependent processing and/or regression may occur after ceasing antidepressants.
- Discuss with the therapist any Dissociative Disorders; Dissociative Identity Disorder unexplained somatic symptoms, sleep problems, flashbacks, derealisation and/or depersonalisation, hearing voices, unexplained feelings, memory lapses, multiple psychiatric hospitalizations, multiple diagnoses with little treatment progress – EMDR may trigger these symptoms.
- Clients with a diagnosis of moderate or severe Substance Use Disorder must be abstinent for a minimum of 90 days and engaged in a recovery program before commencement of treatment.
- **Client will disclose any self-harming and/or suicidal ideations, urges, plans or intent.**
- Your signature below indicates that you have read the above Consent Form and agree to its terms; that you understand the possible outcomes of EMDR listed above and understand that you can end EMDR therapy at any time. You agree to participate in EMDR treatment and you assume any risks involved in such participation.

LIMITS OF CONFIDENTIALITY

Contents of all sessions, written and verbal, are confidential; this information cannot be shared with another party without the written consent of the patient or the patient's legal guardian. Noted exceptions are as follows:

Duty to Warn and Protect When a patient discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. When a patient discloses or implies a plan for suicide, the mental health professional can notify legal authorities and make reasonable attempts to notify the patient's family.

Maltreatment of Children and Vulnerable Adults If a patient states or suggests he or she is abusing or neglecting a child/vulnerable adult, or has recently engaged in maltreatment of a child/vulnerable adult, or a child/vulnerable adult is in danger of maltreatment, the mental health professional is required to report this information to the appropriate authorities.

Prenatal Exposure to Controlled Substances Mental health professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful to the unborn child.

Minors/ Guardianship Parents or legal guardians of non-emancipated minor patients have the right to access the patient's mental health records.

FEE AND FINANCIAL RESPONSIBILITY

Riverstone Assessment and Consulting, as an agency, does not contract with any insurance providers; for this reason, we require self-pay, cash payment for services on the day services are provided. At your request, we can provide you with a superbill you can submit directly to your insurance, in the event that they provide any coverage for out-of-network providers. We charge by the hour; hours may include 10-15 minute breaks. We do not charge for any extended breaks, such as 30-60 minute meal breaks. We charge \$200 per hour.

I'm aware that full payment for the assessment must be paid in full before receiving the final report and/or the verbal feedback session.

_____ Please initial

Total fee for EMDR Intensive: \$_____

This office accepts cash, checks, and debit/credit cards. Any check returned for insufficient funds will be charged an additional \$30 service fee. Any questions concerning the fee or payment policy is to be discussed with your clinician before the assessment process begins.

If you request any letters, forms, or any other paperwork to be completed (beyond what is standard for a psychological evaluation), such as Family Medical Leave Act (FMLA) forms or disability forms, please be advised that there is a fee for document preparation. Our fee is \$100.00 per half hour. FMLA paperwork generally requires a minimum of 30 minutes to complete, due to the need for supporting clinical documentation. Short-term disability often takes longer to complete and may require additional assessments beyond our regular intake evaluation. The time required to make copies or prepare and

send faxes, and any other administrative business (e.g. preparing releases of information or requests for records; phone calls to lawyers or other non-clinical calls) over and above the original evaluation services, will also be assessed based on a rate of \$100.00 per half hour, with a minimum fee of \$50.00. Clinical records will be provided/ transferred at \$30 per request.

Court appearances stemming from treatment are billed at \$300 per hour for the time spent at court *whether the therapist is called to testify or not*. If travel is required for provision of services, we bill in 15 minute increments, at \$50.00 per increment. Phone calls longer than 10 minutes are billed at \$50.00 per 15 minutes; a 30-minute call will be \$100.00.

CONSENT TO FEES AND FINANCIAL RESPONSIBILITY

Your signature below indicates that you have read this *Agreement* and agree to the terms. You understand that you are responsible for all charges, whether or not paid by insurance.

Patient Printed Name

Signature

Date

Provider Jami Hoxmeier, Ph.D., LP

Date

INFORMED CONSENT

By my signature below, I acknowledge that I consent to EMDR services by Riverstone Assessment & Consulting, that I have been informed of the policies regarding this service at Riverstone Assessment & Consulting and have read the consent form, and that I agree to all of the payment arrangements outlined in this form. I fully understand my rights and obligations as a client at Riverstone Assessment & Consulting and I freely agree to this service.

Signature/Relationship Date (Please print name)
(If client is under age 14)

Optional Parent Signature Date (Please print name)
(If client is over age 14)

Clinician's Signature Date (Please print name)