

ACCELERATED RESOLUTION THERAPY® (ART) ACKNOWLEDGEMENT AND CONSENT FORM

I have been advised and understand that Accelerated Resolution Therapy® (ART) is a therapy which is being studied, using federal funds, at South Florida University. Research on another form of eye movement therapy has been widely validated by research with civilian PTSD. It is anticipated that research on other applications for ART will also be undertaken in the future.

Distressing, unresolved memories may surface through the use of the ART procedure. Some clients have experienced reactions during the treatment sessions that neither they nor the administering clinician may have anticipated, including a high level of emotion or physical sensations. Distressing memories may seem to disappear, while more pleasant memories may take their place during ART. Therefore, I should check with an attorney before proceeding if I need to recall events for a legal procedure. These negative memories have been more normally processed and are stored in a location that no longer bothers clients. Subsequent to the treatment session, the processing of incidents/material may continue, and other dreams, memories, flashbacks, feelings, etc. may surface.

I have also been advised to check with my medical physician before beginning ART treatment concerning any medical conditions that might put me at risk due to the possibility of a heightened emotional reaction from ART treatment. Before commencing ART treatment, I have thoroughly considered all the above. I have obtained whatever additional input and/or professional advice I deem necessary or appropriate to have ART treatment, and by my signature below, I hereby consent to receive ART treatment. My signature on the acknowledgement and consent is free from pressure or influence from any person or entity. I have thoroughly read material explaining ART and understand it.

Client Signature: _____ Date: _____

Client printed name: _____

Witness: _____ Date: _____

DISCLAIMER: This is a sample release form and no claim is made as to its ability to protect an ART clinician against legal claims in the state in which they practice. Check with an attorney in your state to evaluate the legality of your chosen consent form.