

CONSENT TO TREATMENT

Psychosexual Somatics® Therapy is an integrative therapeutic modality which may involve cognitive, affective, somatic, energetic and sexual aspects. Treatment may therefore, with prior consent, involve touch on all or any part of a patient's body unless otherwise indicated in this form

During treatment patients may have experiences which may evoke other past experiences and / or emotions which may have been suppressed for many years. The purpose of the treatment is to support the client to release any blocks and resistances to a fully integrated sense of self by working through the memories held in the body.

Strong emotions may be experienced both during and after each session and the patient may need several days to integrate their experience following each session. It is recommended that the patient does not consume alcohol or drugs (unless specifically prescribed by their GP) in the period prior to, during and immediately after the treatment. If the patient arrives for a session under the influence of alcohol or drugs Emma will be unable to offer the session.

The entire treatment is patient-led and by signing this consent form before treatment the patient indicates that they understand that they may stop or pause any session at any time by signaling to Emma that this is what they want. The patient is responsible for their experience and actions both during and after the session and is requested to inform Emma immediately if they wish the session to stop or proceed differently.

Patients are reminded that they are welcome to have a chaperone present with them during session.

Declaration

I, _____
(full name)

Of _____ (address)

Hereby confirm that I have been offered full explanation by Emma of the process I am about to undertake and have fully understood what sessions will involve.

I confirm that I have made full disclosure of all relevant medical history (including history of any mental illness and Sexually Transmitted Infections), and that I consent to treatment and take full responsibility for any consequences, including but not limited to medical and psychological reactions, that may arise from treatment.

I have read and understood the information available on the website of Emma K Harper, Psychosexual Somatics® Therapist (www.emmakharper.com) and discussed this with Emma and am fully aware of what my treatment may involve. I also understand that the treatment is patient-led at all times and that Emma will stop or modify the work taking place if requested to do so by me at any time.

I **give my consent** to full body touch (excluding genitals) as part of these treatments

I **would/would not** like to have a chaperone present

(Please cross off as appropriate. Client is to initial both statements)

Signature _____

Date _____