

CONSENT AGREEMENT FOR THE USE OF NON-SEXUAL TOUCH IN PSYCHOTHERAPY

Being a client of a therapist, who practices Movement Psychotherapy and Sensorimotor Psychotherapy, can result in a number of benefits to you. Both of these forms of psychotherapy are body-oriented talk therapies and involve use of non-sexual touch in the context of psychotherapy practice.

The use of physical touch, both the therapist's touch and your own self-touch, has the capacity to bring important information from the body to your awareness. Sharing and processing such experiences with your psychotherapist, as they arise, may be a helpful adjunct to your therapy. Because there are risks as well as benefits involved in the use of non-sexual therapeutic touch, you may want to request a more comprehensive explanation of the purpose, benefits and risks associated with the therapeutic touch. You may also ask your therapist to detail the ways that touch may be useful in your therapy at this time.

Your psychotherapist will ask for your permission before initiating touch and you always have the right to decline or refuse to be touched without any fear of adverse consequences or concern about retaliation.

CLIENT:

I acknowledge and agree as follows:

I have read and I understand the foregoing. In light of this information, I agree:

- 1) that the therapist may use such appropriate touch techniques as described above for therapeutic purposes in the course of my psychotherapy, provided that I give permission orally the therapist prior to the use of touch
- 2) I will notify the therapist if I do not wish to continue the use of touch
- 3) I will ask any questions of the therapist concerning the use of touch at any time during the course of my therapy.

I understand that sexual touch between a therapist and a client is never appropriate. If sexual touch ever occurs with a psychotherapist, it should be reported to the State Grievance Board. I understand and acknowledge that the laws governing the use of touch in psychotherapy may vary from state to state, and that it is the therapist's responsibility to abide by all applicable laws. Nothing in this Agreement may be construed or interpreted as a waiver or release of the therapist's obligation to comply with all applicable laws governing the use of touch in psychotherapy.

Client's Name (please print) _____

Client's Signature: _____ Date: _____

Received: ADVANCE, A LICENSED CLINICAL SOCIAL WORKER CORPORATION Date: _____

by:

Therapist's signature: _____

Katya Kosarenko, LCSW