

Consent for the Use of Touch in Therapy

I understand that my therapy operates in a body-mind model and that within that model; a specific method of touch is available to me. I have received and read the statements that explain body-oriented psychotherapy and which outline my rights as a client. I understand that touch, whenever used, is done consciously, non-sexually, and always with my consent. I further understand that I have the right at any time for whatever reason to modify or stop any methods of touch. I also understand that I may revoke, at any time, this agreement. I understand that I will receive service whether or not I agree to incorporate touch in my sessions. Based on these understandings, **I voluntarily chose to incorporate the use of touch in my psychotherapy.**

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|--------------------------------------|-------------|
| _____ | _____ |
| Client | Date |
| _____ | _____ |
| Parent (if client is a minor) | Date |
| _____ | _____ |
| Parent (if client is a minor) | Date |
| _____ | _____ |
| Therapist | Date |