

Informed Consent for Therapeutic Touch in Psychotherapy

I, _____ grant permission to my therapist,
_____ to use therapeutic forms of touch with
me as part of our ongoing psychotherapy. At anytime I have the right to refuse or request an
alternative to the touch techniques and interventions offered.

- I understand that touch interventions are always optional and developed collaboratively between me and my therapist.
- I understand that the purpose of therapeutic touch and of specific forms of therapeutic contact is aimed towards understanding issues around the approach, achievement, sustaining and/or breaking off of human emotional contact. It also aims to facilitate my ability to track the internal sensory experience with my physical body and support the development of new patterns of behavior.
- I understand that sexual touch of any type is unethical, illegal, and never part of any form of professional psychotherapy and work with therapeutic touch.

I HEREBY AGREE THAT SHOULD I HAVE ANY MISGIVINGS, DOUBTS, OR
NEGATIVE REACTIONS to therapeutic physical contact or to the anticipation of touch that I
will immediately discuss my concerns with my therapist.

If, for any reason, I experience concerns that I am reluctant to discuss directly with my therapist,
or feel unsatisfied with our discussion, I HEREBY CAN SEEK THIRD PARTY
PROFESSIONAL CONSULTATION FROM A LICENSED PSYCHOTHERAPIST OF MY
CHOICE. This ensures that no misunderstandings or uncomfortable feelings arise as a result of
the therapeutic physical touch.

I HAVE CAREFULLY READ ALL OF THE ABOVE PROVISIONS AND HAVE
DISCUSSED THEM WITH MY THERAPIST. I understand that I may at any time choose to
discontinue this permission.

Additional Requests or Concerns:

Client: _____ *Date:* _____

Parent/Guardian: _____ *Date:* _____

Parent/Guardian: _____ *Date:* _____

Therapist: _____ *Date:* _____

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