

## EMDR Equipment Rental Agreement for Telehealth Sessions

Client Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

As part of our EMDR work together via telehealth, I am offering the option to rent EMDR equipment to support your therapy experience from home. This agreement outlines the terms and expectations for the rental period.

### 1. Who This Agreement Is For

This rental is available only for clients participating in EMDR telehealth sessions. In-person clients will be provided equipment at no extra cost during sessions.

### 2. Rental Equipment Includes:

- ☐ EMDR machine (bilateral stimulation device)
- ☐ Headphones for bilateral audio tones
- ☐ Tactile pulsers (buzzers)
- ☐ All necessary wires and connectors
- ☐ Storage bag to hold all equipment

This equipment is for use **only during our EMDR sessions together.**

### 3. Rental Fee

- ☐ Monthly fee of **\$95** while the equipment is in your possession
- ☐ This fee is **not covered by insurance** and is billed as an out-of-pocket cost to the client

### 4. Return Policy

- ☐ Equipment must be returned **within 7 days** of your final scheduled EMDR session or by the agreed-upon date
- ☐ If the equipment is **not returned within 7 days**, you agree to pay the **full replacement cost**, based on the **current market value** of the equipment at that time

### 5. Client Responsibilities

- ☐ Use equipment gently and follow therapist instructions
- ☐ Notify your therapist immediately if anything is not working
- ☐ Return all equipment in good condition (excluding normal wear and tear)

### 6. Use Limitations

This equipment is **not to be used outside of therapy sessions** unless specifically agreed upon. Unauthorized personal use is not permitted.

### 7. Return Instructions

At the end of the rental period, I will provide instructions for returning the equipment via mail or in-person drop-off. Please keep original packaging when possible.

By signing below, you acknowledge that you understand and agree to the terms outlined above.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_

Date: \_\_\_\_\_