DZ Counseling & Neurofeedback Training Services
Child, Adolescent, Adult, Couples & Family Counseling
501 Iron Bridge Road, Suite 15, Freehold, NJ 07728
Phone: 732-866-8611 ♦ Fax: 732-303-1221
www.dz-counseling.com

Daniel Zykorie, LCSW-S
Cathy Ielpi, MA, LPC
Jason Suleski, MSW, LCSW
Jennifer Myslinski, Neurofeedback Trainer

Client Informed Consent for Neurofeedback Training

I understand that NeurOptimal® is not a medical treatment, device, or methodology. It is not used to diagnose medical disorders nor is it used as a medical treatment for disorders and has not been approved for any medical purpose by the FDA, Health Canada, or any other governing agency. While Zengar® users may or may not be licensed health care practitioners, their use of NeurOptimal® is solely as a tool for brain training and optimization and not as a means of diagnosis or as a medical intervention.

I am satisfied with the information I have been provided (verbal, written or otherwise) by my Trainer on the effects I can expect and notice during my NeurOptimal® training and my questions have been answered to my satisfaction. I understand that it is not possible to predict what my central nervous system will do with the information it is offered and consequently there can be no guarantee as to the results of my training. I also understand that under normal use, NeurOptimal® does not produce side effects. Some users, however, may experience some temporary effects (i.e., temporary tiredness) from training due to the increase in challenge to the brain that the training represents. This effect typically resolves after a few Sessions.

I agree to cease training if I am less than happy with the results I am getting. I understand NeurOptimal® is purely a source of information and does not direct the response of the central nervous system. Consequently, I agree to not hold Zengar Institute Inc. or any of its users and Trainers responsible for a less than desired outcome or any outcome that may be considered negative.

***Less than 24-hour Neurofeedback only cancellation charge - $40**

_____ _____ _____
Client's Name Date Client's Signature (14 yrs. and older)

If a client is under the age of 18, Parent's/Legal Guardian's must sign:
I represent that I am a parent or legal guardian of the child identified in this form. I represent that I have full or shared legal authority to consent to the child's treatment and that the consent of no other person is required.

_____ _____ _____
Parent's/Legal Guardian's Name Date Parent's/Legal Guardian's Signature

_____ _____ _____
Parent's/Legal Guardian's Name Date Parent's/Legal Guardian's Signature