

# NEUROFEEDBACK FOR HEALTH

## INFORMED CONSENT

NEUROFEEDBACK FOR HEALTH offers EEG (brain wave) biofeedback training to clients in connection with a variety of conditions that appear to be associated with dysregulation of brain activity, including hyperactivity and attention deficits, behavior problems, sleep disorders, depression, anxiety, chronic pain, brain injury, seizures and to enhance brain regulation for improved performance.

The practitioners at NEUROFEEDBACK FOR HEALTH are not physicians. The practitioners are made up of licensed and non-licensed or non-certified personnel with expertise in various health related professions. They are aware, by experience and through the literature, of beneficial effects of the kind of biofeedback they offer, including remediation of attention deficits and hyperactivity, recovery from some of the consequences of brain injury, and the reduction of incidence and severity of seizures. Scientific investigation is ongoing to determine the mechanism by which these benefits are achieved. At present, NEUROFEEDBACK FOR HEALTH recommends the training on the basis of empirical observations of improvement in clients with similar conditions.

No guarantee is made that any individual client will improve with training. It is possible that for a few clients who do experience benefit, the improvement may fall off after cessation of training. Those individuals would benefit from periodic follow-up or booster sessions. The training appears to be a harmless procedure as far as is known at present. No injuries are known in the experience of NEUROFEEDBACK FOR HEALTH, or in the literature reviewed. It is a non-invasive procedure. Nevertheless, beyond this, NEUROFEEDBACK FOR HEALTH does not make any representation concerning the safety or efficacy of training. Any questions should be addressed to the prospective client's physician. The client should continue ongoing therapies until otherwise advised by a physician.

It is the client's responsibility to monitor the subjective effects of training and to continue training so long as benefit is perceived. The research literature indicates that there are some individuals who are apparently unaffected by the training. Accordingly, NEUROFEEDBACK FOR HEALTH encourages the client to evaluate progress after around ten sessions to determine if further training is indicated. NEUROFEEDBACK FOR HEALTH invites discussion at this point, or at any point in the training.

By signing this form, the client indicates his/her/they understanding of the principles set forth here, and waives any claim of damages due to the training, including worsening of the client's condition for which the training was undertaken, claimed side effects, or the failure to improve with training. In addition, the client agrees to take full responsibility for his/her/they training, the benefit of such training, or lack thereof, and further agrees to hold NEUROFEEDBACK FOR HEALTH harmless from all claims associated with such training.

If there is a need to speak directly with your primary care practitioner, psychiatrist, mental health practitioner, treatment program or if we need further information (reports, tests, etc.), we will request that you sign a release of information allowing us to have that communication. The client agrees to submit any dispute with NEUROFEEDBACK FOR HEALTH to binding arbitration under the rules of the American Arbitration Association.

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Signature of Client (or responsible party)

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Date

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Printed Name

