Tazim Salehani, MS   tazim@360to180.com   214.438.0014

NEUROFEEDBACK CONSENT FORM

I hereby apply for NeurOptimal® Neurofeedback Training System with 360TO180, LLC

I understand that the neurofeedback training sessions, and the NeurOptimal Home Rental Training System (NHRTS) rented from 360TO180, LLC is not used to diagnose or treat any psychological or medical conditions. Neurofeedback Training is offered for personal growth and optimal function and performance.

NeurOptimal utilizes a comprehensive, non-linear approach to training, so that each person's path to benefit and results will vary. Some people notice shifts shortly after beginning, while for others the changes are slow and steady. It is possible to perceive little or no effect, though this is very rare. Progress rarely follows a straightforward path, but rather increases and diminishes, sometimes with greater awareness of emotions, but the trainer will be monitoring results to ensure the general direction is towards the desired results.

I understand it is possible to experience unwanted effects during or hours after the training, such as sleepiness, fatigue, irritability, or headache. These experiences are usually related to instabilities that were already present in the central nervous system and are often connected to reasons for embarking on the training initially. A small percentage of clients find their training experience oscillating between extremely pleasant and extremely unpleasant. I understand that it is my responsibility to bring up any concerns, so that the trainer and I can decide whether to continue. For most people's this is merely a stage during the training and is not indicative of the end result. Children and teenagers often notice changes faster and with greater ease than do adults.

I am aware that NeurOptimal Neurofeedback Training can be very relaxing and will use good judgment regarding driving immediately after a session. I understand the training does not require me to do anything; rather I can relax and allow my central nervous system to do the work, which is the system's design.

_____   _____   _____
Student/Client Name   Student/Client (sign)   Date

_____   _____   _____
Parent/Legal Guardian (Print)   Parent/Legal Guardian (Sign)   Date

_____   _____
360to180 (sign)   Date