



BIOFEEDBACK INFORMED CONSENT

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I understand that Karie Klim is not a medical doctor, chiropractor, dentist, nurse, homeopath, veterinarian, or psychologist. I also understand Karie Klim does not diagnose, analyze, assess, examine, treat, medicate, cure, or prevent any medical, dental, chiropractic, veterinary, health condition, disorder, or disease.

I further understand Karie Klim is a Licensed Marriage and Family Therapist (MFT) specializing as a Certified Biofeedback Specialist and is qualified to help me learn how to relax and manage my stress, so I may improve the quality of my life and function more efficiently and effectively.

I understand biofeedback is not a substitute for effective standard medical, dental, chiropractic or psychotherapy treatment or veterinary treatment for me or my pet. Karie Klim has advised me to continue on-going medical treatment and therapies until otherwise advised by my psychotherapist, physician, or medical practitioner. If I am taking medication, it is important to stay in close communication with my physician as he or she may want to decrease my medications during the course of my biofeedback training. I am aware that there is no guarantee that biofeedback training will result in a decrease of my medications. I further understand it is my responsibility to ask my medical doctor for permission to undergo biofeedback training if I wear a pacemaker or have any medical condition that may be exacerbated by relaxation.

I understand that it is my responsibility to monitor the effects of biofeedback training and to continue the training as long as it is beneficial to me. Also I understand that research suggests that while most people gain considerable benefits from biofeedback training, some people may not gain any benefit and that there is no guarantee that I will.

I understand that biofeedback equipment is regulated by the FDA and that it is generally considered safe, but that it is possible that biofeedback may exacerbate some emotional problems, at least temporarily during the biofeedback training sessions. I further understand that some clients may become drowsy and that other potentially harmful side effects not yet reported may occur. I agree to advise Karie Klim anytime I feel any side effects, so corrective steps may be taken to alleviate my discomfort.

I understand that my identity and any information about me, whether I share it with Karie Klim or she discovers it on her own, will be held in the strictest of confidence, except when I release it to her or if it's specifically required by law. I have the right to waive this confidentiality agreement in whole or part at any time.

I agree to give Karie Klim permission to consult with my primary care practitioner or specialist with regard to the training provided by Karie Klim and the results I obtain. I have the right to withdraw this permission any time.

I agree that in the event Karie Klim and I are unable to reach an amicable solution to any issues between us, we both agree to accept the decision of the attorney arbitrator of the Natural Therapies Arbitration Association as final settlement of our differences.

I understand that accepted payment types include check, MasterCard, Visa, American Express, Discover. Returned checks will incur a handling fee equivalent to the amount charged by the bank. Karie Klim will not profit from this fee. A credit card convenience fee will be assessed on the total amount of sale per transaction—2.75% + .10 on swiped transactions and 3.5 + .15 for manual transactions. Karie Klim, CBS will not profit from any of those fees.

I understand that by signing below I acknowledge that I have read this document and have received acceptable answers to all of my questions about Karie Klim's services and consent to receiving biofeedback training. I warrant that I am of sound mind at this time, and my consent is given voluntarily and without coercion. I understand that I may discontinue biofeedback training at any time, and that I may refuse to participate in any particular or specific biofeedback training without penalty.

Client Name _____ Date _____

Client Signature _____