



Informed Consent for NeuroIntegration Therapy

This practice offers Neurointegration Therapy, also known as EEG (brain wave) biofeedback (neurofeedback) training, to clients requesting such services. This training is offered to children and adults, either self-referred or identified by parents, physicians and teachers or other referral sources as having conditions shown to be responsive to this training. These conditions are generally thought to be those that appear to be associated with irregular brain activity where there is also clinical and research evidence to suggest neurofeedback training as a viable treatment approach.

The neurofeedback therapy offered by this practice may include photic stimulation to provide optic (photic) stimulation. Photic stimulation has been found to be a powerful addition to the capabilities of EEG biofeedback as it may improve patient responsiveness to neurofeedback training.

Our staff has education, training and experience in neurofeedback and in EEG technology in addition to related professional disciplines. We recommend the neurofeedback training for patient on the basis of our observations of improvement in clients with similar conditions. Scientific investigation is ongoing to determine the mechanism by which these improvements are achieved and therefore, EEG neurofeedback is considered by many to be an experimental treatment at this time. We use standard methods to determine the proper training program and to measure progress during and after training. Neurofeedback is considered an experimental approach, and therefore, we need client or parental informed consent for this training.

We ask that you read and understand this information, and decide if you are willing to accept the risks involved before agreeing to undergo treatment. We are not offering medical advice in this Consent, rather, this form contains information collected from several sources and is intended to educate and inform you of the purpose of the treatment and necessary precautions.

We do not claim that you or your child will improve from the training. However, test results indicate that more than 80% of clients improve on at least one test scale, and more than half improve on three out of four scales. A few clients who seem to get better at first, may find that the improvement gained does not last after the training ends. Such clients may benefit from further follow-up sessions. Some individuals may not experience any effect at all from the training. Our staff is always happy to discuss client progress. Other methods may also be effective for you and your child. We will be happy to provide information about such services at your request. Individual and/or family counseling may help you and /or your child integrate the gains from neurofeedback into everyday family, social, school and work environments.

Neurofeedback training has been the subject of more than 30 years of research and clinical study. The training appears to be harmless as far as is known at present and no injuries have been reported in a review of research literature. Neurofeedback does not do anything to your child. It is not a treatment; it is a training process. The instruments are merely measuring devices similar to a thermometer. Sensors are placed on the surface of the head, and you or your child information about what is being measured. Nevertheless, beyond this, we do not make any representation concerning the safety or effectiveness of the training. Questions should be addressed to one's personal physician. Clients should continue ongoing medical and/or psychological therapies until otherwise advised by a physician.

When you sign this form, you are indicating that you have read and understand the information that it contains.

When you agree to participate in this program, if for any reason you believe it is not in you or your child's best interest, you or your child are not obligated to complete the training. This means you may discontinue participation at any time. Training and test results will be available to clients and/or parents.

Please read and initial the following paragraph to indicate you understand the precautions listed here:

_____ Individuals subject to any form of seizures, epilepsy or visual photosensitivity, currently using a pacemaker, suffering cardiac arrhythmia or other heart disorders, currently taking stimulants, tranquilizers or psychotropic medications, specifically including illicit drugs and alcohol, are recommended to undergo neurointegration training **MUST OBTAIN MEDICAL CLEARANCE BEFORE TRAINING** with photic stimulation.

Even if you have never had a seizure, there is a small chance that you are photosensitive, and exposure to flashing lights can cause a seizure. If you are not willing to accept this risk, please do not agree to consent to neurointegration training.

- Yes, I understand and agree to this terms of this document.** **Yes, you may administer standard tests.**

Name of client _____

Phone # _____

Client Signature _____

Date: _____

If client is a minor:

Parent/Guardian Name _____

Phone # _____

Parent/Guardian Signature _____

Date: _____