



140 West 79th St. Suite 2B, NY, NY 10024, (212) 877-7929

INFORMED CONSENT

Please read this informed consent document carefully as your signature on this document will indicate that you have read it, understood it, and accept its provisions.

Neurotherapy is a non-invasive procedure. There is no use of needles, electrical shocks, skin penetration, or other invasive procedures.

To do brain wave training a mild abrasive gel is used to clean the skin at the sites for electrode placement. Then electrodes are applied to the scalp and ear lobe(s) with a gel or wax paste. The sensor wires are connected to an amplifier and then to a computer for acquisition, feedback, and analysis of brain waves.

Neurofeedback as a method of treatment has been around for over 40 years though it has gained attention mostly in the last few years. It has been used for a variety of conditions which appear to be associated with irregular brain activity. No representation is made that any individual client will improve from training. There is some indication that in a few clients, who do experience benefit, that the improvement may fall off after training is stopped. These individuals would benefit from using a home trainer or having periodic booster sessions. Biofeedback is not a substitute for effective standard medical treatment. The client should continue other ongoing medical treatment and therapies until otherwise advised by their physician or medical practitioner.

The training appears to be generally safe, but rare situations, such as, epileptic events, depressive and manic states are possible. Other potentially harmful situations which have not yet been reported may occur. Clients may experience disturbed sleep, concentration or emotional disequilibrium following a neurofeedback session. There are some potential risks of discomfort in doing biofeedback training. The training is sometimes boring, and clients may feel tired, spacey, headachy, agitated, or irritable after training. These feelings often pass within thirty (30) minutes after a training session. If not, training with another protocol or reduced duration of training in the following session will often remedy the discomfort.

If you experience any unwanted side effects, let your therapist know right away during a session. We may want to stop the session immediately or we may accept your decision to tolerate minor discomfort in order to continue the work.

If you are taking medication for any of the following problems (diabetes, thyroid, migraines, headaches, seizures, emotions, thinking, perception, hyperactivity, attention, movement, spasticity, or for low or high blood pressure) it is important to stay in close communication with your physician. It has been observed that the need for these medications often decreases after numerous biofeedback training session. Some people may have negative side effects to prescribed medication due to the increased efficiency of central nervous system functioning. Anyone who is medically unstable should consult with their physician about becoming more stable before undertaking biofeedback training. There is a tendency for some clients to want to decrease or hastily decrease medications without consulting with their physician. We strongly suggest that all changes of medication be done with the consultation of your physician. To decrease or stop taking some medications may be life threatening or detrimental to your health.

Sessions are typically scheduled for 2-3 times a week. The average length of treatment is 20 to 60 sessions, with 40 being the average. In some difficult cases, major benefit will not be noted until after 60 or even 80 sessions. The effects of neurofeedback gradually increase with each session. The benefits tend to become more complete and more permanent as we proceed.

It is the client's/parent's responsibility to monitor the effects of training and to continue the training so long as benefit is perceived. The research literature indicates that there are some individuals who are apparently unaffected by the training. Accordingly, we encourage you to evaluate progress after approximately twenty sessions to determine if further training is indicated.



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INSURANCE BILLING: It is not our policy to bill insurance carriers for our patients. We will provide patients with receipts that may be submitted to your insurance carrier for reimbursement. Patients/Responsible Parties are responsible for all charges whether or not they are covered by your insurance.

PAYMENT POLICY: Payments for in-office services are required at the time services are rendered. Payment may be made by cash, personal check, or credit card (MasterCard, Visa, or Discover).

APPOINTMENT CANCELTION POLICY: It is our policy that cancellations for scheduled appointments be received 24 hours in advance AND during regular office hours (Monday through Friday 9:00 to 5:00pm Eastern Standard/Daylight Time). Please note, our therapists do not handle scheduling of appointments. Therefore, ALL issues regarding schedule changes (i.e. cancellations, rescheduling, etc.) must be made to the Administrative Assistant. Unkept or cancelled appointments that do not follow this policy will be charged an unkept appointment fee equivalent to the one hour scheduled appointment. Insurance companies do not pay for unkept appointment fees and the patient/responsible party is held fully accountable for this charge

Claim of Injury or Damage. By signing this form the client indicates his/her 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. Specifically, the client/parent agrees to hold Mark Llewellyn Smith and Neurofeedback Services of New York harmless from any claim of damages due to the training, including the worsening of the client's condition for which the training was undertaken, claimed side effects, or the failure to improve.

Confidentiality. The client/parent agrees to allow Mark Llewellyn Smith and Neurofeedback Services of New York to use the data generated by the treatment in print publication, broadcast television, radio, and internet publication. Mark Llewellyn Smith stipulates that every effort will be made to shield the client's identity and preserve anonymity in such arenas. The client's data will be stored in a locked container and will not be shared with anyone, with the exception of publication as stipulated above, without written consent.

Acknowledgment. I acknowledge that I have been given an opportunity to ask questions regarding this training. I acknowledge that I have read and understand the above information and agree to participate in the biofeedback training. My consent is given voluntarily and without coercion. I understand that I may discontinue training at any time and that I may refuse to consent without a penalty.

Signature of Client (or person acting for client)

Date

Printed Name of Client