



INFORMED CONSENT

Patient Name _____ Date _____

BrainCore feedback training is a process of providing information to the client about the nervous system, and brainwave activity. Sensors are attached to the earlobes and the head to gather information.

Nothing is done to the client. The sensors simply measure changes in systems monitored. The information is seen on a computer screen and heard through speakers or headphones. The client is able to see and hear changes in this physiological activity and, by practicing self-regulation techniques such as relaxation and breathing, the client can learn to correct imbalances in the systems being monitored. This process may result in improvement in the client's presenting condition(s) as these functional problems are corrected.

Research has been conducted to study the effects of this intervention and these studies have been published in peer reviewed, professional journals relevant to this field of study. Extensive research and clinical experience have demonstrated the effectiveness of biofeedback interventions for a wide variety of conditions.

These interventions are considered particularly safe and are generally without harmful side effects. However, any intervention that can lead to positive results can also lead to unwanted effects. Because this is a training approach, both desirable and undesirable effects continue for only a short time unless they are reinforced. This characteristic helps limit the potential for lasting negative effects and allows for the selective reinforcement of positive effects.

BrainCore makes no claim or guarantee that this training will be effective for your specific concerns. All client records and transactions are confidential unless release of these records is authorized in writing by the client, or otherwise required by law. Clients will have access to their records. Other services may also be effective for a client's condition(s). Information about such services will be provided upon request. Clients have the right to choose freely among available practitioners, and to change practitioners after services have begun. The client can expect a coordinated transfer if s/he changes service providers. Clients may refuse any service or training approach. Clients may freely assert any of these rights.

I have read and understood this document; I have had the opportunity to ask questions and have had those questions answered to my satisfaction. I have received a copy of this document for my records.

Signed: _____ **Date:** _____

Witness: _____ **Date:** _____