Neurofeedback Informed Consent

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Description of Neurofeedback (EEG Biofeedback): Training the brain to function at its maximum potential is similar to the way the body is exercised, toned and maintained. Brain training exercises the neural pathways that allow the brain to build its resilience, which is called neuroplasticity. Sensors are attached to the scalp with EEG paste which then pick up brain waves. It is painless and does not involve the application of any voltage or current to the brain, so it is entirely non-invasive. A computer then processes the brain waves, and mirrors them on a video monitor. The specific brain wave frequencies rewarded and the sensor locations on the scalp are unique to each individual.

1. **Side Effects and Risks of Neurofeedback**

There is no evidence that neurofeedback has caused any lasting negative effects. However, both during and following a session, a client can feel more anxious, distractible, tense or restless, or have more difficulty sleeping. These problems are typically resolved as the feedback software settings are adjusted. Therefore, it is very important to tell your practitioner about any changes or negative effects, even if they seem unconnected to the neurofeedback. It is also important that you keep your practitioner informed of any change in medications so that they can asses their impact on your training. Because neurofeedback helps the brain work better, often medications need to be adjusted as training proceeds. Do not stop or alter any medication without consulting your physician.

1. **Length of Service and Permanence of Improvement**

For many concerns, (inattention, hyperactivity, anxiety, feelings of depression, common sleep problems), a minimum of 20 sessions is required, though improvements MAY be noticed after two or three sessions. Sometimes more severe issues could require 40 sessions. The procedure for neurofeedback training involves re-evaluating the efficacy of the neurofeedback training at every 20 session interval. Following initial training, sometimes “booster sessions” are helpful to maintain the positive improvements gained from neurofeedback training, and these types of sessions would be arranged in consultation with your practitioner(s).
By consenting to participate in neurofeedback training you are also agreeing to perform a QikTest evaluation before beginning neurofeedback training and after the completion of 20 neurofeedback sessions. Failure to perform these required QikTest evaluations will mean that you will no longer be eligible to participate in neurofeedback treatment as part of your services.

1. **Schedule and Fees**

Investment of $2,000 includes a thorough intake and assessment; objective initial, intermediate, and post testing; 20 neurofeedback sessions (the minimum required for therapeutic purposes); and symptom tracking, subjectively reported by the client at each session.
Payment in full is required before training unless otherwise negotiated and agreed upon by both you and the practitioner, and may be made by cash, check, or credit card. Please note a processing fee of 3% ($78) may be added to credit card purchases. Insurance is not accepted.

1. **Scheduling of Sessions**

Sessions are 45-60 minutes long, with 30 minutes for the neurofeedback and 15-30 minutes for collecting a report, set-up and clean up. Sessions are optimally scheduled twice weekly for 10 weeks, or once weekly for 20 weeks, as schedules permit.
Cancellation: You agree that it is your responsibility to notify the practitioner 24 hours in advance of your scheduled session. Practitioner will attempt in good faith to reschedule the missed session, or simply add that session to the end of your previously scheduled sessions to ensure 20 sessions are completed.

1. **Acknowledgements**

1. I understand that Vanessa Miles has partnered with the Neurofeedback Advocacy Project (NAP) and my clinical progress, as well as other non-identifying information, will be shared for information gathering purposes determined by the NAP.
1. I understand that neurofeedback is not considered a medical treatment and that my training may not necessarily achieve agreed upon goals, either completely or at all.
1. I understand that if in the case of medical or mental health diagnoses, I am recommended to consult with my family physician or other licensed healthcare provider prior to and during the course of sessions.
1. I understand that any medication taken may need to be adjusted as a result of neurofeedback.
1. I understand that unexpected changes in my experience or behavior may occur during the course of training which may or may not be related to the training itself, and that in these cases, it is important to inform the neurofeedback practitioner so that the raining methods can be either adjusted or discontinued if necessary, and the unexpected changes can be appropriately addressed.
1. I understand that my training will be conducted by a neurofeedback practitioner who has received adequate training in the Othmer Method and is under the supervision of a licensed mental health provider trained in the neurofeedback model being used for my service.
1. I verify that I have been informed of the specifics of training, including how and where I will be touched, training benefits, risks, and costs.
1. My questions have been answered, and I understand and agree to participate in neurofeedback training. I give permission for data regarding outcomes of my treatment to be collected, and understand that all information will be anonymous as to individual participants.

_____Date _____

Name of Client

_____Date_____

Signature of Client or Guardian