

Please describe the nature of the problem that you are having.

Please describe what you hope to gain while working with me.

Informed Consent Agreement

Thank you for your interest in Neurotherapy. This document contains important information about Neurofeedback, its application, and my related policies.

Benefits and Risks of Neurotherapy

Neurotherapy, 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. Neurofeedback has shown promise with certain behavioral disorders, sleep problems, depression, anxiety, chronic pain, head injury, ADD/ADHD, Autism, and seizure disorder.

In my experience, and in the reported studies, most subjects benefit to a greater or lesser extent from the treatment. Nonetheless, no representation is made that any individual client will improve from training. My work and studies in the literature suggest that the positive effects of Neurofeedback last over time, although, clients have on occasion sought a few “booster sessions” which appear to be helpful.

In regards to risks or harm, there is no evidence, from my experience or from the literature, that the treatment is harmful or that it creates any permanent negative side effects. It is a non-invasive procedure. In fact, any side effects seem to be in terms of unanticipated improvement in other problems that were not the focus of treatment. However, in the early stages of treatment, when protocols are being started and adjusted, some clients have reported that treatment seemed to cause a temporary worsening in some symptoms. (e.g. feeling more anxious, more distractible, having difficulty sleeping, headaches, tiredness etc.) These changes or negative effects may signal an adjustment in protocol is needed and should be reported immediately, even if they seem unrelated to the neurofeedback.

You should also be aware of the relationship between neurofeedback and medications. Many individuals will find that neurofeedback can reduce or eliminate the need for certain medication. However, this will be done across time in consultation with your prescribing physician. Do not stop or alter your medications without consulting your physician. Also, be aware that neurofeedback could affect your body’s response to other medications you are taking for conditions unrelated to the ones for which you are undergoing neurofeedback. You need to keep myself as well as your physician aware of any changes in symptoms or medications while you are doing neurofeedback training.

Schedule and Length of Treatment

Sessions are 60 minutes with 30-45 minutes for the Neurofeedback and 15 for set-up, cleanup, and discussion. Sessions are typically scheduled two times per week. The average length of treatment is 10 to 30 weeks, with 20 weeks being average. Most individuals

will begin to notice changes after just a few sessions, but in some difficult cases, major benefit will not be noted until a number of weeks in treatment.

Appointments

If you are unable to make an appointment, please let me know as soon as possible. I will offer you a makeup appointment from the available openings. You are responsible for scheduling these makeup appointments. Any appointments missed with less than 24 hour notice will be charged at regular session rates.

Agreements

By signing this form, you indicate your understanding of the principles set forth here in regards to benefits and risks, medications, expectations as to the length of the treatment, policies and missed appointments. Furthermore, by signing this form you waive 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. In addition, you agree to hold Lisa Armstrong harmless for the reasonable and appropriate use of neurofeedback, as applied to your specific symptoms.

I understand the above information and agree to its terms

Print client or guardian's name

If child, name of child

Client or guardian's signature

Date