

Informed Consent for Neurofeedback Training

I hereby authorize WAVE Therapy to provide me with neurofeedback training.

I understand that this training is used for a variety of conditions, which appear to be associated with irregular brain activity, including but not limited to: ADD, ADHD, Depression, Anxiety, Panic Attacks, Stroke, Seizure Disorders, Migraines, Tension Headaches, PMS, Alcohol and Drug problems, Sleep Disorders, Chronic Pain, Bruxism (teeth grinding), Mild Closed Head Injury, Oppositional and Conduct Disorder, Epilepsy, Chronic Fatigue Syndrome, Multiple Chemical Sensitivities, Autoimmune Dysfunction, Tinnitus (ear ringing), Glucose Metabolism Dysregulation (Type II diabetes, hypoglycemia), Specific Learning Disabilities/Dyslexia, Silicone related disease (breast implantation problems). There are many more conditions that are currently being studied in response to neurofeedback training. Training is recommended on the basis of empirical observation of improvement in clients with similar conditions.

I understand that some individuals have reported that training may affect the body's response to medications. I understand that I should not stop or alter any of my medications without consulting my physician/psychiatrist. I should continue ongoing therapies until otherwise advised by the physician. Should new symptoms develop, it is my responsibility to inform my health care providers including my neurofeedback practitioner.

I understand that it is the client's own responsibility to monitor the subjective effects of training. Neurofeedback is based on the input of the client's report from session to session as well as

from the initial evaluation and depends on the full participation of the client, i.e. his/her feedback about the effects of training. The research literature indicates that there are some individuals who are apparently unaffected by training. Accordingly, the client is encouraged to evaluate progress after about ten sessions to determine if further training is indicated. Discussion is invited at this point or any time during the training.

No representation is made that any individual client will improve from training. There is some indication that some client's improvement may fall off after the cessation of training. These individuals would benefit from periodic follow-up for booster sessions. The training is non-invasive and appears to be a harmless procedure as far as is known at present. No injuries are known or reported in the literature.

By signing this form, I indicate my understanding of the principles set forth here and waive any claim of damages to the training including worsening of my condition for which the training was undertaken, claimed side effect of the failure to improve with training. I agree to submit any dispute with WAVE Therapy to binding arbitration under the rules of the American Arbitration Association.

Date: _____

Signature: _____

Printed Name. _____