



GRAY MATTERS

Simply Ahead

Informed Consent

Advanced, Emerging Technology & Treatment Applications:

Neurofeedback (“EEG-biofeedback”) for attention deficit/hyperactivity disorder (ADHD), substance use disorders, depression, anxiety, and post-traumatic stress disorder (PTSD) have a reasonably good research basis for clinical application. However, neurofeedback for these disorders and many others may be considered “experimental” by some insurance providers, health care practitioners, and others. By signing this consent form, you acknowledge your understanding that some applications of neurofeedback are still considered to be in emerging, or experimental stages, and you consent to its use in whole or part of your treatment.

Treatment Procedures & Programs:

A quantitative electroencephalogram (qEEG) (also known as a “brain map”), as well as neurofeedback training requires the use of computer equipment and the placement of sensors on the scalp and earlobes. There is the remote possibility that some individuals may develop skin irritation from the sensor paste or cleaning materials; however, these universally accepted techniques have been used for many years with no deleterious side effects reported. In addition, there is the possibility that neurofeedback training can induce some negative side effects (i.e., irritability, fatigue, dizziness, headaches, behavioral changes, etc.). For most people, these side effects are usually temporary and will remit once changes in your neurofeedback protocol are made. It is important that you communicate these changes, if any, to your neurofeedback technician.

Time Commitment:

Your personalized treatment plan will likely include regular, weekly sessions. Successful attainment of your treatment goals is highly dependent on consistent attendance at neurofeedback training sessions. In order to ensure the best chance of steady progress and prevent setbacks, it is advisable to schedule the start of this training program when you are sure you will not leave town for an extended period or have other distractions that would interfere with attendance.

Physician Consultation and Medication Monitoring:

Neurofeedback can influence (as well as be affected by) certain types of medication and medication levels, all individuals entering treatment who are currently under the care of a physician are asked to: 1) inform their prescribing physician of their intent to begin neurofeedback and; 2) grant written permission to contact their physician for medical consultation and monitoring of the effects of the neurofeedback treatment on their physical condition and medication levels. In addition, the patient should immediately inform their neurofeedback technician of any changes in medication (increases, decreases, or new medications) that occur while in treatment. As neurofeedback training progresses, know that over-medication effects can occur. When this happens, a patient must also notify his/her physician that medication adjustments may be needed (often to decrease medication). This will help to ensure that neurofeedback is able to work and to avoid possible over-medication effects such as irritability, hyperactivity, and other potential changes in behavior.

Authorization for Treatment:

I hereby certify that I have read and that I fully and completely understand this Informed Consent document, and I have signed below knowingly, freely, and voluntarily. I understand the policies and expectations as explained above. Moreover, I certify and state that I have received no promises, assurances, or guarantees from anyone as to the results that may be obtained by any treatment or services. I understand that while my treatment is designed to be beneficial, this facility makes no guarantees about the outcome of this treatment program. I am willing to make a personal commitment to participate to the best of my ability in all steps of the treatment program, though I understand that I am free to withdraw from this treatment at any time. I understand that my failure to comply with my recommended treatment program (such as regular participation in sessions) could prevent the treatment from working effectively.

Patient Signature

(Guardian signature if patient is a minor)

Date