



CONSENT TO PARTICIPATE IN NEUROFEEDBACK TRAINING

By my signature affixed below I agree to participate in neurofeedback evaluation, training, and/or counseling (also variously known as neurotherapy, EEG biofeedback, or brainwave training) conducted by Neurotherapy Center of Houston, LLC, of Houston, Texas, and by its employees.

I have been informed and understand that there are other, more traditional methods for treating the condition described above, but I have elected to participate in neurofeedback evaluation and training.

I understand that neurofeedback is classified as self-regulation biofeedback training, and that the source of the biofeedback signal is the electrical activity of the cortex captured by non-invasive sensors attached to my scalp and earlobes. I further understand that no electricity is introduced into my body by the process.

I understand that there is considerable research evidence that supports the use of neurofeedback training for ADD/ADHD, uncontrolled epilepsy, insomnia and addictive disorders. However, while there is a wealth of clinical evidence of the efficacy of neurofeedback training for other issues, there is limited published research about it.

I understand that temporary reactions to the training sometimes include transitory agitation, depression, or mild headache. If such side effects occur I agree to alert my neurotherapist. I further understand that neurofeedback training can affect my sensitivity to some drugs, including psychoactive medication, blood pressure medication, alcohol, caffeine, nicotine, drugs affecting my blood-sugar/insulin level and many illicit drugs or substances, in that lowered dosages or even elimination of the use of the drugs or substances may be indicated.

I agree that I have or will inform my physician that I am undergoing neurofeedback and will remain under the care of my physician, including my physician's monitoring and control of any medications.

I understand that benefits of this training tend to accrue after 30-40 sessions, and that I may or may not achieve any benefits from it. Many publications suggest that approximately 20% of clients do not achieve significant benefit from neurofeedback. I further understand that I may withdraw from the training at any time without penalty.

I understand that my neurofeedback results may be used for the following purposes: published research, presentations or trainings. I further understand that no personally identifying information will be used with my results.

I understand that employees of the Neurotherapy Center of Houston abide by strict confidentiality rules as governed by state licensure. All training results, communications, counseling sessions and other information whether written or verbal will be kept confidential unless and until a release of information form is executed by the client. Exceptions to this confidentiality agreement involve the client reporting an immediate threat to themselves or others. In this instance our employees are bound by law to report the threat to authorities.

I understand that from time to time there may be student interns or licensed professionals training in the clinic. I agree to allow these interns or professionals to observe and/or facilitate my session

under close supervision of clinical staff. I understand that at any time I can request not to have the intern or professional present during my session.

The fees for the Neurotherapy Center of Houston are as follows:

Intake Assessment \$125.00

Neurofeedback Training Session \$100.00

Quantitative EEG \$750.00

Psychotherapy \$175.00

Combination of Neurofeedback and Talk Therapy \$150.00

I understand that fees for services are payable at the end of each session unless other arrangements are made at the beginning.

Client Signature: _____ Date _____

Parent Signature: _____ Date _____
(If under 18 years of age)