**Informed Consent for Neurofeedback Treatment Program**

Neurofeedback is a gradual learning process that can retrain the brain and minimize a multitude of symptoms associated with depression, anxiety, ADHD, sleep disorders, PTSD, headaches, traumatic brain injury, autism, aging and impulsivity. It measures the brain’s electrical activities and provides real-time information on how your brain reacts to certain efforts and stimuli. At North Star Guidance Center, we use an intensive form of neurofeedback called LORETA (low-resolution electromagnetic tomography), which requires fewer sessions than traditional neurofeedback.

**What is involved with the Neurofeedback Treatment Program?**

The Neurofeedback Treatment Program requires the completion of one or more of the following assessments: an initial intake interview with a trained clinician at North Star Guidance Center including self-report assessments and/or an quantitative electroencephalogram [QEEG] (also known as a “brain map”). After the test results are interpreted, a session will be arranged with you to review the information, discuss treatment recommendations and begin training sessions. A QEEG can lead to more efficient neurofeedback training and helps to identify brain wave patterns that may fall within the normal range, but are still generating unwanted symptoms.

During the first session an electrode cap is placed on the head and electrode conductive gel into each of the sensors on the cap. It is necessary to press the conductive gel through the hair to the skin to make good contact with the skin. The electrodes are connected to an amplifier and computer in order to collect EEG data.

Follow up neurofeedback training sessions require the use of the amplifier, computer equipment and the placement of sensors on the scalp and earlobes. The brainwave frequencies are processed and used to provide feedback via auditory signals and visual displays.

Rarely, individuals 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.

Sometimes neurofeedback training can induce physical sensations such as irritability, fatigue, dizziness, headaches or behavioral changes, etc.). Sometimes these sensations can occur while the brain begins to change and regulate. These experiences are usually temporary and will remit. It is important that you communicate these changes, if any, to the neurofeedback clinician.

**The Importance of Regular Attendance and Active Participation:**

Neurofeedback promotes self-regulation of one's own health and well-being. Participants in this training program learn methods to control their own physical, mental, and emotional states in order to reduce excess stress, anxiety, or other responses that contribute to symptoms. Since this form of training emphasizes the development of self-regulation skills, each participant must make a commitment to actively participate in their own treatment through daily practice of activities or monitoring and recording of their symptoms, behaviors, and thoughts. For optimal results, it is important to eat healthy foods, drink plenty of water and abstain from unhealthy substances.

You will need to attend a minimum of 1 to 2 sessions per week for, on average, 15 to 40 neurofeedback sessions. One to two sessions per week are usually preferred for optimal results. Please note that while many people can complete neurofeedback treatment in 30 to 40 sessions, some patients require sessions to successfully complete treatment. As a general rule of thumb, neurofeedback treatment length increases as the severity of the cognitive, emotional, or behavioral disorder increases. Successful attainment of your treatment goals is highly dependent on consistent attendance at neurofeedback training sessions as well as daily practice of skills (if applicable). **Before beginning this neurofeedback program, please be sure that you can commit to and have time for your treatment plan and can attend most or all scheduled sessions even when doing so may become inconvenient, uncomfortable, emotionally challenging, or even boring at times.** 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. Neurofeedback seems to work just like exercise, consistency and commitment are needed to build muscle and to see changes in the body.

**Physician Consultation and Medication Monitoring:**

Because 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.
2. grant written permission to this facility to contact their physician for medical consultation and monitoring of the effects of the neurofeedback treatment on their physical condition and medication levels.
3. immediately inform the North Star Guidance Center neurofeedback clinician of any changes in medication (increases, decreases, implementation of 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.

Occasionally, North Star Guidance Center staff may see unusual brainwave activity during EEG collection or during a neurofeedback session. As a safety precaution, this facility will refer to a neurologist when appropriate.

**Confidentiality of Session Information:**

Neurofeedback sessions are protected by the same HIPPA and other privacy guidelines that you consented to on the initial paperwork you completed for this office.

**Authorization for Treatment and Payment:**

I hereby certify that I have read and that I fully and completely understand this Informed Consent for Neurofeedback Training, and I have signed this Informed Consent knowingly, freely, and voluntarily for myself or on behalf of my minor child. I understand the policies, expectations, and nature of this treatment 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 psychological or medical 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. As an active participant in my treatment I understand and 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 assignments and regular participation in sessions) could prevent the treatment from working effectively. I have been informed that North Star Guidance Center will not bill insurance companies for neurofeedback sessions. I agree to pay for each session in advance or at the time of service and I understand that non- payment will warrant an immediate termination of services.

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**Patient Name** (Guardian signature if patient is a minor) **Date of Birth**

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**Patient Signature** (Guardian signature if patient is a minor) **Date**

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**Witness (Staff) Date**