



## Consent for Treatment

- ⌘ **Neurofeedback Approach-** Neurofeedback, a non-invasive yet, direct training of brain function, which is a type of brain feedback and is therefore, also called QEEG Neurofeedback. It uses the electrodes placed on the patient's head (from 1 to 19) to record the QEEG and control auditory, visual, and/or tactile feedback to yield operant conditioning of the brain. Although, many believe this intervention to be experimental, the learning that takes place encourages allostasis or holistic balance and initiates self-regulation, both necessary aspects of good brain function.
- ⌘ **Neurofeedback Theory-** In short, neurofeedback targets the underlying dysregulation in brain activity that can exacerbate and sometimes cause clinical symptomatology by assisting the client in learning to increase or decrease certain brain activity. Based upon the idea of brain plasticity, it is logical that when the brain is rewarded for shifting its activity toward an appropriate pattern, the whole brain, and therefore the body as a system is affected. This influence may encourage relaxation by the improved ability to regulate the CNS (Central Nervous System) or may target primary neurophysiological factors. For example, if one's state of neurophysiological health is over-stimulated or under-aroused, mental illness, among other physical symptoms may manifest behaviorally, psychologically, and/or physically.
- ⌘ **No Guarantees-** According to research, the most important component of the therapeutic process is "the therapeutic relationship". As such, I will make every effort to form a collaborative relationship with you in order to create the opportunity for optimal results. While I will do everything that I can do to create such an environment, I cannot guarantee any results.
- ⌘ **Responsibility for Payment-** As the patient, you are financially responsible for each neurofeedback training session. Delinquent accounts, or those who are more than one session behind in payment, will be asked to pay the full amount before scheduling another appointment. Failure to pay for services rendered may result in termination.
- ⌘ **Closing Statement-** By signing below you are indicating that you have read and understand each item within this form. You are also agreeing to pay for services rendered using cash, check, or credit card and consent to videotaping. Additionally, you are indicating that you understand the benefits and risks involved in neurofeedback, your right to privacy, and the limits of confidentiality described by law and your responsibilities as a patient. Therefore, by signing below, you give your consent to the terms listed above and agree to enter into neurofeedback sessions.

Patient's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(If patient is a Minor- I have discussed and explained the above information with the patient)

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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