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Neurofeedback Informed Consent Agreement

Thank you for your interest in Neurofeedback. This document contains important information about Neurofeedback and my policies related to it.

Benefits and risks of EEG Neurofeedback

Neurofeedback (also called EEG biofeedback) as a method of treatment has been around for over 25 years, although it has gained attention mostly in the past few years. It has been used for a variety of conditions which appear to be associated with irregular brain activity including attention deficit disorder with and without hyperactivity. The procedure has also shown promise with certain behavior disorders, sleep disorders, depression, anxiety, chronic pain, minor head injury and seizure disorders. In my experience, and in the reported studies, most subjects benefit to a greater or lesser extent from treatment. Nonetheless, no representation is made that any individual client will improve from training.

Our work and studies in the literature suggest that the positive effects of Neurofeedback last. Nonetheless, clients have, on occasion, sought a few “booster shots” which appear to be helpful. Clients who have had head injuries after treatment appear to lose some of the benefit. It is unclear whether this reflected the undoing of earlier training or was the result of new damage.

In regards to risks or harm, there is no evidence, either from my experience or from the literature, that treatment is harmful. It is non-invasive and painless. Some clients have reported that training seemed to cause a temporary worsening in some symptoms including feeling more anxious, more distractible, having more difficulty sleeping, etc. These changes were not serious and can be corrected by shifting the brain wave target range and electrode locations. Typically, these problems resolve quickly. It is very important that you keep us informed of any changes or negative effects, even if they seem unconnected to the Neurofeedback, so that training can be modified.

You should also be aware of the relationship between Neurofeedback and medications. Obviously, many people undergo Neurofeedback with the goal of reducing or eliminating the need for medications. However, do not stop or alter your medications without consulting your physician. Also be aware that Neurofeedback could affect your body’s response to other medications you are taking for conditions unrelated to the ones for which you are undergoing Neurofeedback. Should new symptoms appear to be developing, it is your responsibility to keep us informed of them as well as to inform your physician.

Schedule and Length of Treatment

Sessions are 50 minutes: with 30 minutes (approximately) for the Neurofeedback and 15 minutes for set-up, clean up and progress reports. Sessions are typically scheduled two times per week. The average length of treatment is 10 to 30 weeks, with 20 weeks being average. Most individuals will begin to notice changes after just a few sessions, but in some difficult cases, major benefit will not be noted until after several weeks.

Fees

Single Neurofeedback sessions are \$60 each paid at the time of service. A prepaid block of 10 sessions is \$600, and also includes one extra session at no cost (11 sessions total). A prepaid block of 20 sessions is \$1200, and includes four extra sessions at no cost (24 sessions total).

I do not accept insurance. However, I will be happy to provide an itemized bill with insurance codes for submission to your insurance company for reimbursement. You should know that some insurance companies will not reimburse you for Neurofeedback services.

Missed Appointments

If you cannot keep an appointment, please contact me to reschedule at least 24 hours in advance, either by phone or by email. If you miss an appointment without at least 24 hours notification, there is a \$30 fee or one session will be used from a prepaid package.

Affiliations and Consultation

I am professionally affiliated with the Richmond Center for Life Enhancement, regarding Neurofeedback. This means that I may consult with professionals in the group regarding your Neurofeedback training. In so doing, I will never disclose your name or any identifying information, unless specific written consent is given by you.

Agreements

By signing this form, you indicate your understanding of the principles set forth here in regards to benefits and risks, medications, expectation as to length of treatment, policies regarding missed appointments and consulting with other professionals. Furthermore, by signing this form you waive any claim of damages due to the training, including worsening of the condition for which the training was undertaken, claimed side effects or the failure to improve with training. In addition, you agree to hold me, Michelle Little MS, CRC harmless from all claims associated with such training.

I understand the above information and agree to its terms:

Print Client / Guardian's Name

If Child, Name of Child

Client / Guardian's Signature

Date