

**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 ADHD with and without hyperactivity. The procedure has also shown promise with 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.

My work and studies in the literature suggest that the positive effects of Neurofeedback are lasting. 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 little evidence, either from my experience or from the literature, that Neurofeedback is harmful. It is non-invasive and painless. The most common reported side effect is feeling tired after training. Some clients have reported that training seemed to cause a temporary worsening in some symptoms including feeling more anxious, more distracted, 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 and/or psychiatrist.

Please note that by engaging in Neurofeedback training you are giving your permission for your EEG to be recorded at each training session.

**Schedule and Length of Treatment:**

Initial evaluations are 1 hour in length and consist of an explanation of what Neurofeedback is, what it does, risks and benefits, and a detailed symptom questionnaire. Neurofeedback training sessions are 45 minutes (approximately) which includes set-up, training, clean up, and progress reports. Sessions are typically scheduled two times per week. The average length of treatment is 10 to 30 weeks, with

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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.

**Missed Appointments:**

If you cannot keep an appointment, please contact me to reschedule at least 24 hours in advance, by phone, email, or via Square Appointments.

**Consultation:**

Given the unique individuality of each client's neurology, I may consult with professionals practicing Neurofeedback regarding your training. In so doing, I will never disclose your name or any identifying information, unless specific written consent/release 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, LPC and the harmless from all claims associated with such training.

*I have read and understand the information provided in this Informed Consent:*

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<b>Client Printed Name</b>	<b>Signature</b>	<b>Date</b>
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<b>Guardian Printed Name</b>	<b>Signature</b>	<b>Date</b>
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<b>Therapist Printed Name</b>	<b>Signature</b>	<b>Date</b>
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