

ACORN HEALTH ASSOCIATES

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Consent for Biofeedback

Biofeedback is a process by which some aspect of your body's functioning is measured (such as muscle tensions, skin temperature, sweat gland activity, or brainwaves), and presented to you in some way. For example, you might hear a tone or see a display.

You will normally be asked to sit in an upright chair in front of a computer screen. The procedure involves preparation of a site, such as rubbing an area of your skin or scalp with an alcohol sponge, and affixing sensors, usually by a Velcro band or some adhesive. It is possible you might experience some redness or minor abrasion at these sites. These sensors pick up signals from your body. Nothing goes into your body. Then you will be asked to watch a display on the computer and see if you can meet some goal. For example, to make a frowning smiley-face smile, make a dial turn on a clock, open the petals of a flower, and so on. You may be given some instructions to relax, or to engage in some imagery. You are free to leave anytime you wish, just signal your therapist who will remove your sensors for you. From start to finish sessions will last about 45 minutes, once to three or more times per week, usually varying between 12 to 60 sessions, depending on the type of treatment. Individual cases may vary. It is your responsibility to clarify with your insurance company whether or not this is a covered service.

Biofeedback is used to treat many disorders. It teaches you skill in regulating your own body and brain. Although this is now generally considered "mainstream," some psychologists may not agree. This is particularly so in the area of brainwave biofeedback. This is an exciting area of development in biofeedback, and is changing rapidly. Some of the procedures have been supported by solid research studies, others are based more on clinical expertise and judgment. Although it is being recommended to you because your therapist believes it can help you, results cannot be guaranteed. Not all psychologists are appropriately trained to use these procedures. If you have any questions about the use of biofeedback for your disorder, the procedure itself, or the qualifications of the person administering the treatment, please ask for clarification.

Please sign below that you have read and understood this information, and that you consent to your treatment. Thank you.

Signature/Guardian

Printed Name

Date