ACORN HEALTH ASSOCIATES, P.C.

(717) 545-1938 voice
(717) 545-1948 fax
1200 Camp Hill Bypass, Suite 300
Camp Hill, PA 17011

Consent for Neurofeedback

It is essential to discuss the following points prior to commencing Neurofeedback training.

- The goals for Neurofeedback training are to:
  - Learn skills for increasing self-awareness
  - Increase the brain's ability to organize itself
  - Allow the brain to interrupt maladaptive patterns, and to increase quality of life and level of functioning to a more optimal level.

- Many published clinical studies have demonstrated the effectiveness of Neurofeedback for treating various problems. Neurofeedback as an intervention for some problems has extensive published support; while little published support exists for other problems. As such, you should be aware that some insurance company personnel and professionals like physicians and psychologists are not aware of the latest published research or may consider Neurofeedback an "experimental" intervention for your problem. There are also many health care practitioners who are convinced that this intervention is not experimental. They believe that the efficacy of Neurofeedback for dealing with your problem has been adequately demonstrated. Copies of the relevant literature on Neurofeedback for your problem will be provided upon request.

- Your course of Neurofeedback will begin with a diagnostic evaluation. This will allow us to design a treatment program that will address the specifics of your brain's strengths and weaknesses of electrical function. ***EEG testing is <u>not</u> intended to be a medical diagnosis of brain abnormality. A neurologist will <u>not</u> be reviewing the test for seizures, tumors, or other neurological problems.***

- It is rare to experience any noticeable effects from Neurofeedback prior to completion of at least 10 sessions. It is not possible to predict precisely how many sessions you will require to assist your brain to function more optimally. A range of 10 to 40 sessions is usual. The cost of each training session is listed on the fee schedule.

- Acorn Health Associates must be provided with information about any medical diagnosis that you have, as well as your use of medication. This information is provided so that we may, if necessary, consult with your physician regarding your care. By signing this form, you are authorizing us to consult with your physician and to share and receive information about your treatment, physical status, and psychological status.

- You are advised to inform our staff about any history of dissociative symptoms, post-traumatic stress, bipolar disorder, schizophrenia, and/or seizures.

- By signing this form, you are approving of the use of your data for scientific, research, training, and/or publication purposes. Should this occur, your confidentiality will be preserved at all times.

_____ _____

Signature Witness

_____

Date