

NEW CLIENT INFORMATION

Name _____ Date of Birth _____

Address _____

City/State/Zip _____

Phone number _____

Email address _____

EMERGENCY CONTACT

Name _____ Phone number _____

Relationship to Client _____

Parent or Guardian of Minor _____

Address if different than above _____

Phone Number _____

PRIMARY SYMPTOMS OR DIAGNOSIS: _____

REFERRED BY: _____

AGREEMENT TO PAY FOR PROFESSIONAL SERVICES:

Appointment Scheduling: We ask for your cooperation in maintaining a schedule and keeping appointments. Please provide 24 hours' notice if you need to cancel an appointment. You may be charged for a full session fee if we do not receive 24 hours' notice.

Although other persons may make payments on your account, you are responsible for the services provided by Glacier Family Neurofeedback LLC at the time of service.

Signature of Client (or Responsible party): _____

Date: _____

NOTICE OF HEALTH PRIVACY POLICY (HIPPA)

Federal law requires that Glacier Family Neurofeedback LLC maintain the privacy of your or your child’s protected health information and provide you with notice of it’s legal duties and privacy practices. Our practice may disclose your protected health information only for reasons associated with treatment, payment, or health care requirements. Any other use requires written authorization from you . If you believe your privacy rights have been violated, you can contact the Office of Civil Right, US Dept or Health and Human Services.

Signature

Date

Informed Consent

Glacier Family Neurofeedback LLC offers EEG (brain wave) biofeedback training to client in connection with a variety of conditions that appear to be associated with dysregulation of brain activity including hyperactivity and attention deficits, behavior problems, sleep disorders, depression, anxiety, chronic pain, brain injury, seizures, and other conditions. EEG biofeedback training is also provided for clients who wish to enhance brain regulation for improved performance.

The staff at Glacier Family Neurofeedback LLC are not physicians. The staff is made up of licensed or certified or non-licensed or non-certified personnel with expertise in various health related professions. They are aware, by experience and through the literature, of beneficial effects of the kind of biofeedback they offer, including remediation of attention deficits and hyperactivity, recovery from some of the consequences of brain injury, and the reduction of incidence and severity of seizures. Scientific investigation is ongoing to determine the mechanism by which these benefits are achieved. At present, Glacier Family Neurofeedback LLC recommends the training based on empirical observations of improvement in clients with similar conditions.

No guarantee is made that any individual client will improve with training. It is possible that for a few clients who do experience benefit, the improvement may fall off after cessation of training. Those individuals would benefit from periodic follow-up or booster sessions. The training appears to be a harmless procedure as far as is known at present. No injuries are known in the experience of Glacier Family Neurofeedback LLC, or in the literature reviewed. Nevertheless, beyond this, Glacier Family Neurofeedback LLC does not make any representation concerning the safety or efficacy of training. Any questions should be addressed to the prospective client’s physician. The client should continue ongoing therapies until otherwise advised by a physician.

It is the client’s responsibility to monitor the subjective effects of training and to continue to train so long as benefit is perceived. The research literature indicated that there are some individuals who are apparently unaffected by the training. Accordingly, Glacier Family Neurofeedback LLC encourages the client to evaluate progress after about 10 sessions to determine if further training is indicated. Glacier Family Neurofeedback LLC invites discussion at this point, or at any point in the training.

By signing this form, the client indicates his/her understanding of the principles set forth here and waives any claim of damages due to the training, including worsening of the client’s condition for which the training was undertaken, claimed side effects, or the failure to improve with training. In addition, the client agrees to take full responsibility for his/her training, the benefit of such training, or the lack thereof, and further agrees to hold Glacier Family Neurofeedback LLC harmless from all claims associated with such training.

Signature of Client (or responsible party) _____

Printed Name _____ Date _____