

**Ellen Shaw-Smith, LICSW, BCN**  
**Informed Consent for Neurotherapy Training**

I hear by authorize the office of Ellen Shaw-Smith, LICSW, BCN, to provide neurotherapy training to me, or my child, for whom I am the legal guardian.

I understand that this training is used for a variety of conditions that may appear to be associated with irregular brain activity, including but not limited to ADHD, depression, anxiety, insomnia, stroke, headaches, and seizure disorders. Neurotherapy training is recommended on the basis of empirical observations of clients with similar conditions.

I understand that EEG biofeedback training requires the placement of surface electrodes on one's scalp for the purpose of recording EEG, with the use of this signal providing video displays and audio signals for the purpose of changing brain frequencies. Some EEG frequencies can also be tracked and read via a patented armband with sensors that allow us to show the brain own activity in real time, without the use of electrodes.

I understand that HEG biofeedback requires the placement of a headband with an infra-red camera to record temperature fluctuations in the prefrontal cortex. Through this measurement, and resulting fluctuations of a DVD display, the brain is supported to increase temperature and blood flow for therapeutic purposes.

I understand that some individuals have reported that training may affect the body's response to medication. I understand that I should not stop or alter any of my medications without consulting with my physician/psychiatrist, or medication prescriber. I should continue ongoing therapies until otherwise advised by my physician. Should new symptoms develop, it is my responsibility to inform my health care providers, including my neurotherapy practitioner.

I understand that it is the client's and/or parent's responsibility to monitor subjective effects of training. Neurofeedback protocols are developed based on the clients, and family, follow up report related to behaviors and experiences after the sessions, as well as from the initial evaluation. Successful neurotherapy depends on this consistent feedback. I agree to provide feedback for each neurotherapy session, preferably in advance of the next session but always by the start of each subsequent session. I agree to schedule and attend neurofeedtherapy sessions to support optimal conditions for desired changes.

The literature suggests that some individuals are apparently unaffected by training. Accordingly, the client is encouraged to evaluate progress after ten to twenty sessions to determine if further training is indicated. Discussion is invited at this point or at any point during the on-going training. I understand that if I am working with an assistant, Ellen Shaw-Smith, LICSW, as the Licensed and Board Certified Provider oversees all assistants in her practice and is always available to me for questions, discussion or feedback. As are all the neurotherapy assistants on the practice team.

No representation is made that any individual client will improve with neurotherapy training. At times there can be adverse effects that are temporary in nature, and that indicate the need for a change in the neurotherapy protocol or training approach. While a large body of research exists advancing the efficacy of neurofeedback, in a number of areas it is still considered an experimental approach. There is some indication that in brain training, improvements for some clients may fall off after the training is discontinued. These individuals may benefit from periodic follow up or booster sessions. The training is non-invasive and appears to be a harmless procedure as is known at present.

By signing this form, I indicate my understanding of the principles set forth here and waive any claim of damages due to neurotherapy training, including worsening of the condition for which the training was undertaken, claimed side effects, or the failure to improve with training. I agree to submit any dispute with

the office of Ellen Shaw-Smith, LICSW, BCN, to binding arbitration under the rules of the American Arbitration Association.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_