

Informed Consent for Nexalin Treatment

I hereby authorize, the office of Ellen Shaw-Smith, LICSW, BCN, to provide Nexalin treatments to me, or my child, for whom I am the legal guardian. I understand that Nexalin is an FDA accepted treatment for anxiety, depression and insomnia. Research in the experimental stages also shows it to be helpful for disorders such as PTSD, OCD, addictions and attentional issues. I understand that for these psychological problems, Nexalin offers a non-chemical intervention that has been shown to assist in rebalancing the brain via the use of transcranial electrical stimulation (TES).

I understand that the mechanisms supporting Nexalin's effectiveness are not completely understood. Clinical evidence suggest that Nexalin's patented electrical stimulation effects the hypothalamus which is responsible for maintaining the body's physiological homeostasis. Imbalances in the mid-brain and related brain structures are also effected, as are changes in neuro chemicals such as serotonin and substance-P, along with changes in beta-endorphins, enkephalins and neuropeptides.

I understand that the Nexalin system of TES has been researched with more than 700 subjects in over 10,000 session. Results from Nexalin have been shown to be clinically significant and typically lasting for months with no statistically significant drop off. These findings provide support for Nexalin's positive and durable effects. Further information on Nexalin related clinical studies can be found on Nexalin home site. While Nexalin has been shown to give clinically significant results with 10 to 15 sessions, each brain is unique. I understand that this Nexalin provider makes no specific promises for resolution of psychological disorders for any individual receiving Nexalin treatment.

Because research has focused on patients completing 10 to 15 sessions in a two to three week period, no researched based claims for efficacy or durability of a lesser number of sessions, or the same number of sessions over a more extended time period, can be made. It appears anecdotally that Nexalin may be helpful with fewer sessions or the same number of sessions over a longer time period. Despite that, no researched based claims can be made outside of the model of 10 to 15 sessions in a 3 to 4 week period.

I understand that Nexalin training may affect the body's response to medications and that I should not stop or alter any medications without consulting with my physician/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 Nexalin provider. The patient or patient's guardian is responsible to for observing progress and effects from ongoing Nexalin sessions, and to discuss these observations with the Nexalin provider, and when appropriate, with a medical provider. I understand that I am committing to providing regular feedback after each and every Nexalin session as to any effects I, or people close to me, notice after a training session.

By signing this form, I indicate my understanding of the principles set forth here and waive any claim of damages due to my, or my child's, participation in Nexalin treatment. This includes worsening of the condition for which Nexalin was undertaken, claimed side effects, or the failure to improve. 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 _____ Guardian

Signature _____ Printed Name of

Guardian _____