

Brain Builders Neurotherapy

Permission for Release of Medical Information / Insurance Authorization

Please initial each applicable item below:

I authorize release of information to all my insurance carriers of managed care providers _____

I understand that I am responsible for my bill _____

I authorize my doctor to act as my agent in helping me obtain payment from insurance carriers _____

I authorize payment directly to my doctor _____

I permit a copy of this authorization to be used in place of the original _____

Signature: _____

Date: _____

Printed Name: _____

Informed Consent Agreement

Thank you for your interest in Neurotherapy. This document contains important information about Neurofeedback, its application, and our related policies.

Benefits and Risks of Neurotherapy

Although Neurotherapy, as a method of treatment, has been around for over 40 years it has gained attention mostly in the last few years. It has been used for a variety of conditions which appear to be associated with irregular brain activity. Neurofeedback has shown promise with certain behavioral disorders, sleep problems, depression, anxiety, chronic pain, head injury, ADD/ADHD, autism, and seizure disorders. In my experience, and in the reported studies, most subjects benefit to a greater or lesser extent from the treatment.

Nonetheless, no representation is made that any individual client will improve from training. Our work and studies in the literature suggest that the positive effects of Neurofeedback last over time, although, clients have on occasion sought a few "booster sessions" which appear to be helpful. With regards to risks or harm, there is no evidence, from my experience or from the literature, that the treatment is harmful or that it creates any permanent negative side effects. It is a non-invasive procedure. In fact, any side effects seem to be in terms of unanticipated improvement in other problems that were not the focus of treatment. However, in the early stages of treatment, when protocols are being started and adjusted, some clients have reported that treatment seemed to cause a temporary worsening in some symptoms. (e.g. feeling more anxious, more distractible,

having difficulty sleeping, headaches, tiredness etc.) These changes or negative effects may signal an adjustment in protocol is needed and should be reported immediately, even if they seem unrelated to the neurofeedback.

You should also be aware of the relationship between neurofeedback and medications. Many individuals will find that neurofeedback can reduce or eliminate the need for certain medication. However, this will be done across time in consultation with your prescribing physician. Do not stop or alter your medications without consulting your physician. Also, be aware that neurofeedback could affect your body's response to other medications you are taking for conditions unrelated to the ones for which you are undergoing neurofeedback. You need to keep Dr. Roberts as well as your physician aware of any changes in symptoms or medications while you are doing neurofeedback training.

Schedule and Length of Treatment

Sessions are 45 to 50 minutes with 25 minutes for the Neurofeedback and 25 for set-up, cleanup, and discussion/psychotherapy. Sessions are typically scheduled two times per week. The average length of treatment is 20-40 sessions but this is entirely dependent on your specific brain evaluation results and response to treatment. Most individuals will begin to notice changes after just a few sessions, but in some difficult cases, major benefits will not be noted until a number of weeks in treatment.

Appointments

If you are unable to make an appointment, please let us know as soon as possible. We will offer you a makeup appointment from the available openings. You are responsible for scheduling these makeup appointments. Any appointments missed with less than 24-hour notice will be charged at regular session rates.

Fees

Dr. Roberts' hourly rate is \$150-\$160 per hour however as of 2018 we have moved to a package model where all of the necessary brain-health-related services for a given length of time are bundled into an all-inclusive package. Because of this model, we are able to offer greater value for a lower price. Your package options will be presented to you at your Report of Findings meeting where fees and payment options will be covered. Occasionally insurance companies will cover some of the services offered at BBN, however this is not always the case and depends on factors such as your specific plan, date, deductible status, diagnosis, and treatment plan.

Professional Affiliations

Dr. Roberts is professionally affiliated with several neurofeedback communities, including EEG Info, BrainMaster, Neurofield, and Neurogen. From time to time, she may consult with them or with other colleagues regarding your neurotherapy treatment. Be assured that Dr. Roberts does not disclose your name or any identifying information. Her contacts with other professionals are solely for the purpose of improving your treatment experience and/or advancing research and knowledge about the application of neurotherapy to various behavioral and learning problems.

Confidentiality

Please be assured that your presence here and the matters we discuss will be kept in strict confidence. We are bound by professional ethics and practice standards to maintain your confidentiality by all possible means. Any disclosure of information about you is prohibited unless you have given your written consent.

There are exceptions to this guideline, namely:

- 1) I am required by law to report cases of suspected child or elder abuse.
- 2) I am required by law to intervene if I believe that you are in immediate danger of harming yourself or someone else.
- 3) I am required by law to respond to a court subpoena to testify or submit my records.
- 4) If an insurance company/managed care organization is helping to pay the fees for your sessions, they may require information about your diagnosis and/or reports about treatment. Please discuss any concerns you have about confidentiality, or these exceptions, with me prior to our beginning work together.

Agreements

By signing this form, you indicate your understanding of the principles set forth here with regards to benefits and risks, medications, expectations as to the length of the treatment, policies regarding payments and missed appointments and the value of additional therapy. Furthermore, by signing this form you waive 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, you agree to hold Dr. Roberts or Brain Builders Neurotherapy harmless for the reasonable and appropriate use of neurofeedback, as applied to your specific symptoms. Furthermore, you agree to submit any dispute with Dr. Roberts or Brain Builders Neurotherapy to binding arbitration under the rules of the Better Business Bureau, if applicable, or of the American Arbitration Association.

I understand the above information and agree to its terms

Signature

Date

Printed Name

(Name of Patient if different than signer)