

Serendipity Healing Arts
Robert E. Longo MRC, LPC, BCN

Informed Consent

PLEASE READ AND SIGN BELOW

Welcome to Serendipity Healing Arts. The purpose of this form is to obtain your voluntary consent to participate in one or more methods of Quantitative Electroencephalography (qEEG) Brain Mapping, Peripheral Biofeedback, Neurofeedback, other forms of relaxation and stress reduction interventions, and to disclose potential benefits and risks associated with these interventions. Serendipity provides various educational interventions, assessment protocols, and health care services, a few of which are still considered, by some, to be experimental.

qEEG Brain Mapping

In order to determine an appropriate Neurofeedback training plan, a qEEG performed by Robert Longo, MRC, LPC, BCN using the New Mind expert referential database system will need to be conducted.

Serendipity will assess your need for having a gEEG. In order to engage in neurofeedback, you will be required to have a qEEG assessment. In other instances, to help verify a disorder, your doctor, or another health care professional, may recommend you have a qEEG. A qEEG consists of placing a cap on your head with twenty electrodes/sensors. Each site will be cleansed and a special gel will be placed under each sensor to insure proper conductivity to read your brainwaves. Preparation and the assessment procedure take approximately one hour.

Benefits: qEEG may help me further understand and/or confirm the problems/symptoms, disorders, and/or diagnosis for which I am seeking assessment and health care services.

Side Effects/Risks: qEEG may result in my feeling anxious/apprehensive, and/or uncomfortable during the procedure, and sad/disappointed regarding findings from the procedure. The cap may cause you to have a mild headache.

Forensic Services: qEEG Brain Mapping for purposes of neurofeedback is not a medical procedure and is not done at Serendipity for purposes of medical diagnosis. Data collected is not done in a manner that meets the Daubert criteria for admissibility of evidence in court. Serendipity does not provide forensic services or diagnosis for TBI. We do not accept invitations for depositions. Those seeking a diagnosis for TBI or any other medical or mental disorder should seek services of a medical physician or a forensic neuropsychologist. Your signature below indicates you agree not to request or seek such services from us presently or in the future, or through third parties such as legal counsel or insurance companies.

Client/Patient Rights. You have the right to:

- Decide not to receive qEEG Brain Mapping services from us. If you wish, we can provide you with the names of other qualified qEEG providers.
- End the qEEG at any time.

- Ask questions about protocol and procedures used during the qEEG procedure, and to ask questions about qEEG techniques if you feel unsure of them.
- Have all that you say treated confidentially and be informed of state law placing limitations on confidentiality in the qEEG relationship. Under certain circumstances, we are required by law to reveal information obtained during a qEEG assessment to other persons or agencies without your permission. Also, we are not required to inform you of our actions in this regard. These situations are as follows: (a) If you threaten bodily harm or death to yourself or another person, we are required by law to notify the victim and appropriate law enforcement agencies; (b) If a court of law issues a subpoena; (c) If you are having a qEEG or being tested by a court of law, the results of the qEEG assessment must be revealed to the court; (d) If you have given us information concerning non-accidental injury and neglect to minors or incompetent adults. (e) If you are in the process of filing a workman's compensation claim or file such in the future.

Equipment/Software: qEEG measures will involve the use of the BrainMaster® software and hardware (Discovery 24 and/or Atlantis I and Mini-Q II). BrainMaster's products are FDA registered. qEEG maps are produced using New Mind Maps.

Neurofeedback Training

Neurofeedback involves several electrodes/sensors being placed on the scalp and earlobes. The sensors detect brain wave activity including Alpha, Beta, Delta, and Theta brainwaves. Individual brainwaves are measured and revealed on a computer screen revealing your brainwave activity. Through instruction you can learn to train down or train up certain brainwaves associated with stress management, attentional, cognitive and/or emotional deficits and related disorders. In some cases, neurofeedback must be considered as experimental. Treatments last from 10-30 minutes and may occur two or more times per week for an average of 25-30, and in some cases 30 or more sessions.

Benefits: Neurofeedback (NFB) is known to assist individuals by decreasing symptoms associated with brain and central nervous system dysfunction. Other benefits include the possibility of reducing problem behaviors and increasing peak performance. In many cases, neurofeedback is considered to be experimental when used to treat certain disorders. Please feel free to ask for a more detailed explanation regarding your particular problem area or treatment interest.

Side Effects/Risks: Neurofeedback will not interfere with most other treatments.

Neurofeedback has few side effects when administered properly. The most common side effects of neurofeedback include improved sleep, more awareness of dreams, feeling calmer, feeling more energy, and feeling more focused. Temporary side effects such as headaches, insomnia, anxiety, feeling giddy, agitated, or irritated may occur during or right after a neurofeedback session; however, these side effects can be adjusted and eliminated immediately in most cases. It is also possible that you might fall asleep during or after neurofeedback sessions.

Client/Patient Rights. You have the right to:

- Decide not to receive Neurofeedback services from us. If you wish, we can provide you with the names of other qualified Neurofeedback providers.
- End Neurofeedback sessions at any time.

- Ask questions about protocol and procedures used during Neurofeedback training, and to ask questions about techniques if you feel unsure of them.
- Have all that you say treated confidentially and be informed of state law placing limitations on confidentiality in the Neurofeedback relationship. Under certain circumstances, we are required by law to reveal information obtained during training to other persons or agencies without your permission. Also, we are not required to inform you of our actions in this regard. These situations are as follows: (a) If you threaten bodily harm or death to yourself or another person, we are required by law to notify the victim and appropriate law enforcement agencies; (b) If a court of law issues a subpoena; (c) If you are being treated with Neurofeedback, at the direction of an attorney or Medical doctor for legal purposes, the results of the training or tests must be revealed to the court; (d) If you have given us information concerning non-accidental injury and neglect to minors or incompetent adults. (e) If you are in the process of filing a workman's compensation claim or file such in the future.

Equipment/Software: Neurofeedback treatment will involve the use of the BrainMaster® software and hardware (Discovery 24 and/or Atlantis I or Atlantis II). BrainMaster's products are FDA registered.

Other Methods: Other treatment methods may not work as rapidly as the methods and modalities described above. Alternative methods of treatment and/or therapy include traditional medical treatments, medications, the use of supplements, the use of relaxation techniques, group and individual therapy.

Choosing the Right Intervention: The interventions described above are voluntary, *not* mandatory. You will not be pressured for not participating. You may withdraw from/stop receiving Neurofeedback training sessions at any time without consequence.

Consent

I voluntarily consent to participate in and undergo the assessment and/or intervention methods and modalities described above. I understand that I am free to withdraw my consent and to discontinue participation in the interventions/modalities/methods described above at any time. The natural consequences and potential risks and benefits have been fully explained to me by Serendipity

Permission

My signature below indicates that I have read, reviewed and understand this informed consent (and/or I have had the form and its contents read to me and explained to me), and I consent to participate in the procedures described above. I understand I may ask questions at any time, and may request to stop interventions at any time. **I have read and understand my rights.**

Signed: _____ Date: _____

Printed name: _____
 (FIRST) (MIDDLE) (LAST)

If Minor: Parent or Guardian _____ Date _____

If you have an emergency after regular business hours call 911, or contact your personal physician