

Brainwave training consent form and Acknowledgement of disclosure or risk

The Purpose of the is form is to obtain your voluntary consent to participate in the neuro-feedback training program with Stress Therapy Solutions and to disclose the potential risks associated with this form of therapy.

Confidentiality and Risks

- I understand that neurotherapy may produce a possible hypersensitivity to drugs and alcohol in some individuals. This hypersensitivity can result in an extreme high/low tolerance to drugs and alcohol and in rare cases may produce flu-like symptoms, including muscle aches, fever, headaches, sore throat, weakness and fatigue *after ingesting even small amounts of alcohol or drugs*.
- I understand that neurotherapy may impact on levels of prescription medication. I agree to consult with my physician and advise him or her the nature of this treatment and will remain under supervision of my prescribing physician.
- I also understand that neurotherapy may enhance my emotions, physical sensations and memory of selected events.

I voluntarily consent to undergo the EEG Brainwave biofeedback training program and hereby release Stress Therapy Solutions, its teachers, its technicians, its counselors, its other employees, and any other trainees attending its workshop from any and all liability which may occur in connection with the above mentioned disclosures.

I understand that I am free to withdraw my consent and to discontinue participation in this program at anytime. I have been informed and understand that the brainwave biofeedback staff person performing and administering brainwave biofeedback procedures may not be a medical doctor, but is trained in the therapeutic use of biofeedback.

The natural consequences and potential risks and benefits of this training has been fully explained to me by a staff person

I have read and understood this form and I consent to undergo biofeedback training.

Date	Print Name
Staff Signature	Participant Signature