



Counselling / Neurofeedback
www.selfmatters.ca
selfmatterscounselling@gmail.com
(778) 668-4276

THERAPY AGREEMENT & INFORMED CONSENT FOR NEUROFEEDBACK CLIENTS

I understand that Amanda Burns is a trained neurofeedback clinician, working towards certification, and qualified to use neurofeedback as a brain exercise to strengthen regulatory control of brainwave patterns. Amanda has Bachelors in Nursing, a Masters in Counselling Psychology is a Registered Nurse, and a Registered Psychiatric Nurse with over 25 years working in the mental health specialty.

Amanda Burns will assist me in achieving my goals by helping me exercise self-regulation of the central nervous system. I agree that Amanda can consult with another neurofeedback practitioner about my symptoms and protocol plan while protecting my identity. I understand that neurofeedback is used to improve mental performance, emotional control, and physiological stability. These improvements may help me achieve an enhanced sense of well-being and a better quality of life. Neurofeedback is intended to help me relax so that I can manage stress and pain.

I understand that I am responsible for my health, healing, and well-being. Neurofeedback is a tool to enhance my ability to heal myself through self-regulation. Neurofeedback protocol decisions are based on the concerns I have and my response to training sessions. It is my responsibility to note and describe my response from each session and share that information with Amanda Burns. I understand that neurofeedback is not a substitute for adequate medical care and I intend to remain under the supervision of my primary healthcare provider.

I understand that it is important that neurofeedback clients who are on medications communicate with their prescribing health care provider regarding neurofeedback and its potential to affect their response to medication, particularly those that target brain and nervous system functions, mood, sleep, and blood pressure. I recognize that it is my responsibility to work with my prescriber to monitor how I am responding to my medications so that adjustments can be made as needed. I will review the side effects of the medications I am taking, be aware of the signs that might indicate a need for re-evaluation of my medications, keep my prescriber informed and see them regularly. Substance abusing clients may find that neurofeedback alters their response to those substances in a way that may lead to a lack of desire for or intolerance for those substances.

I understand that in the course of my neurofeedback training program, I may experience some minor discomfort and some adverse side effects may occur through no fault of myself or Amanda Burns. I will keep my neurofeedback provider fully advised about how I am doing so the training protocol may be adjusted to minimize any negative response and build on progress achieved. My health and healing is my responsibility, and I choose to use the brain training services offered by Amanda Burns.



Counselling / Neurofeedback
www.selfmatters.ca
selfmatterscounselling@gmail.com
(778) 668-4276

Confidentiality

Your clinician will adhere to commonly accepted codes of privacy and confidentiality in counselling ethics. There are situations, however, in which the law requires that certain information can be revealed without your consent. Under the discretion of the clinician, if there is any indication that you might be a danger to yourself, or others, or are involved in the abusing of a minor or senior, your information may be disclosed to the appropriate authorities.

Cancellation Policy

If you are unable to keep your appointment, please cancel by telephoning 778-668-4176 at least 24 hours in advance to avoid a session fee. If you fail to cancel a scheduled session, the time cannot be used for another client. You will be billed for the entire cost of your missed session.

A service invoice will be mailed directly to all clients, who do not show up for or cancel an appointment less than 24 hours in advance. At the clinician's discretion, the fee may be waived due to sudden illness (especially if fever or severe cold or flu is present, please cancel as treatment will be less effective) or emergency.

Thank you for your consideration regarding these policies. These policies allow us to offer better services to our clients.

Neurofeedback Training Commitment Expectations

Neurofeedback allows the brain to exercise and learn to self-regulate on its own. By signing this form, the client understands the information and expectations explained below. Agreeing to participate in Neurofeedback therapy is a significant commitment and should be treated as such, just like work or school. For the brain to reach optimal self-regulation, it is imperative and highly suggested that the client completes at least 20 sessions of Neurofeedback therapy. It is recommended that a client completes two sessions a week ideally but, the frequency can be altered to fit the client's needs and the clinician's schedule. The client will work with the neurofeedback clinician to create a tentative schedule that will be confirmed week by week.

Each person is unique and experiences different rates of change. Some clients are sensitive to physiological change and feel the effects of neurofeedback training during the first session. Some clients don't notice any changes under several sessions have been completed. It is important to remember that



Counselling / Neurofeedback
www.selfmatters.ca
selfmatterscounselling@gmail.com
(778) 668-4276

we are aiming for permanent effects so a client should not be discouraged by the rates of changes or symptoms. Neurofeedback is a process, not an event.

The physiological changes from neurofeedback therapy also produce different sensations for each person as a result of the training. These include but are not limited to feeling tired, sleepy, clarity, hungry, relaxed, dizzy, and many more. The effects of Neurofeedback therapy can be felt during a session, shortly after a session, later in the day/evening, the next day, or not at all. During neurofeedback training, the client and the neurofeedback clinician will establish a relationship where the client feels comfortable sharing personal experiences from throughout his/her life. All portions of the neurofeedback session are confidential, including what is said, written, and the protocols used for therapy and are only shared with your consent. The benefits of Neurofeedback training rely heavily upon the client. It is important for the client to get a good night's sleep the night before training, eat a nutritious diet, and maintain a good attitude toward healing.

Technical Issues

While everything will be done to ensure that the hardware systems and software systems are running smoothly and free of operational issues, there may be times when unforeseen and unplanned technical events occur. This may result in neurofeedback sessions having to be rescheduled. I understand that this may happen and that I will not be charged for the session.

Sessions

I understand that one hour will be reserved for my neurofeedback session. This hour will consist of the clinical assessment at the beginning, the neurofeedback component with continual assessment and then the booking of the next session, and payment. To be effective, neurofeedback does not need to be an hour in length.

Rights as a Client

- You are entitled to information about the procedures, methods and protocols as well as possible duration of training.
- You have the right to end EEG Neurofeedback at any time without any moral, legal or financial obligations, other than those already accrued.
- You have the right to expect confidentiality within the limits described.
- You have the right to authorize your clinician to consult with another professional about your training, in writing.



Counselling / Neurofeedback
www.selfmatters.ca
selfmatterscounselling@gmail.com
(778) 668-4276

Agreement

You agree to settle any disagreements you have with Amanda Burns and if this is not possible, then I agree to turn our concerns over to the BCACC to mediate an agreement acceptable to both yourself and Amanda Burns. You acknowledge that you have read and understand all 4 pages of this form. You agree to allow Amanda Burns to support you in your efforts to reach optimal brain functioning by using the natural healing techniques and modalities herein listed.

By signing below, you acknowledge that you understand and accept the guidelines stated above. Parents and guardians sign on behalf of your minor children or dependent adults in your care for whom you provide support and service.

Name of Client:

Address:

Province: _____ Postal Code: _____ Country: _____

Signature

_____ Date _____

Name if other than client:

Relationship to client:
