

Brain In Balance

Neurofeedback / Counselling

braininbalance.ca

778-389-3858



Informed Consent Form

I understand that Jennifer Jantzen is a Certified Neurofeedback Clinician, qualified to use neurofeedback as a brain exercise to strengthen regulatory control of brainwave patterns. She has a Masters in Social Work and is a Registered Clinical Counsellor with over 25 years of counselling children, teens, adults and families. Her areas of interest include, but are not limited to, grief/loss and change, depression, anxiety, addiction, PTSD, pain, concussion as well as peak performance.

Jennifer Jantzen will assist me in achieving my goals by helping me exercise self-regulation of the central nervous system. From time to time I understand that my sessions maybe conducted by a neurofeedback technician, under the direction of Jennifer Jantzen. 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 is to help me relax, so I can manage stress and pain.

I understand that I am responsible for my own health, healing and well being. Neurofeedback is a tool to enhance my ability to heal myself through self-regulation. Neurofeedback protocol decisions will be based on the concerns I have and my response to training sessions. It is my responsibility to note and describe my response to each session. I understand that neurofeedback is not a substitute for adequate medical care and I intend to remain under the care 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 effect their response to medication, particularly those that target brain and nervous system function, 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 neurofeedack training program, I may experience some minor discomfort and some adverse side effects may occur through no fault of myself or Jennifer Jantzen or her neurofeedback technician. 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 Jennifer Jantzen.

Confidentiality

Your clinician will adhere to commonly accepted codes of privacy and confidentiality in counseling 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 778-389-3858 at least 24 hours in advance to avoid a session fee. If you fail to cancel a scheduled visit, we cannot use this time for another client. You will be billed for the entire cost of your missed appointment.

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 (Recap & More)

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 an important commitment and should be treated as such, just like work or school. In order for the brain to reach optimal self-regulation, it is imperative the client completes at least 20 sessions of Neurofeedback therapy. It is recommended a client completes 2 sessions a week but the frequency can be altered to fit the client's needs. The client will work with the Neurofeedback clinician to create a tentative schedule that will be confirmed week by week. If a client must cancel and reschedule an appointment, this must be done within 24 hours to avoid a full session cost cancellation/rescheduling fee.

Each person is unique and experiences different rates of change. Some clients are sensitive to physiological change and feel effects of Neurofeedback training during the first session. Some clients don't notice any changes until several sessions have been completed. It is important to remember that 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 Neurofeedback clinician will establish a relationship where the client feels comfortable sharing personal experiences from throughout his/her life. All portions of a 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.

Rights as a Client

You are entitled to information about any 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 a 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.

Agreement

You agree to settle any disagreements you have with Jennifer Jantzen or her neurofeedback technicians and if this is not possible, then I agree to turn our concerns over to The BCIA, BCCSW or BCACC to mediate an agreement acceptable to both yourself and Jennifer Jantzen. You understand that consultation about nutrition, rest and exercise is provided to ensure that the benefits of brain training continue to increase long after the program has been completed.

You acknowledge that you have read and understand this form. You agree to allow Jennifer Jantzen to support you in your efforts to reach your 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 supervision.

Name of Client _____

Address _____

State/Province _____ Postal Code _____ Country _____

Signature _____ Date _____

Name if other than client _____

Relationship to client _____

Signature _____