



## 1. Description of Services

I, \_\_\_\_\_ understand that I am engaging in neurofeedback training and coaching services provided by Barry Bruder, Direct Neurofeedback Specialist (DNS/Coach). Neurofeedback (also called EEG-biofeedback, Neurofeedback, or Neurotherapy) involves placing sensors on the scalp to measure electrical brain activity, providing auditory/visual feedback in real time, and training the brain to self-regulate. Coaching involves setting performance optimization and lifestyle support related to the 'Gut-Brain' connection and the helpfulness of Neurofeedback in maintaining a healthy nervous system. I understand that this service is not traditional medical or psychological treatment unless otherwise stated, and that the DNS/Coach is not serving as a medical doctor, psychiatrist, or psychologist unless licensed. Initial \_\_\_\_\_

## 2. Methods and Expectations \_\_\_\_\_

I understand that sessions will typically involve an agreed-upon number of sessions may vary [approximately 40-50 minutes for the first session and 25-30 minutes for the following sessions], at a frequency to be discussed. My participation [arriving on time, following instructions, giving feedback, attending required sessions] is essential for effectiveness. I also understand that alternative treatments [such as psychotherapy, medication, or other interventions] exist and may be appropriate. Initial \_\_\_\_\_

I will give 24 hours' notice to cancel a session or forfeit that session, which will be deducted from my package. If I am later than five minutes into my session time, I will forfeit that session. Initial \_\_\_\_\_

## 3. Risks, Benefits & Alternatives

Potential benefits include improved brain regulation, mood, focus, sleep, stress management, cravings, etc. Potential risks include mild fatigue, transient discomfort, mood changes, or no improvement. Neurofeedback for some conditions remains investigational and results are not guaranteed. If I currently take medications or have a medical or psychiatric condition, I will continue to see my treating physician/therapist and will not stop or modify any treatment without consulting them. Initial \_\_\_\_\_

## 4. Client Responsibilities and Limitations

I understand that this service requires my active participation. I understand that DNS/Coach does not guarantee results. I will communicate with DNS/Coach about changes in my medical or mental health status. I agree to attend scheduled sessions, pay fees, follow cancellation policy, and inform DNS/Coach promptly if I am unable to attend. If I or my child have a fever, I will not attend or forfeit this session provided I give notice as soon as I become aware of the fever to DNS/Coach by text message only.

Initial \_\_\_\_\_

## 5. Confidentiality and Privacy

All client records, brainwave data, and coaching notes are confidential and will be stored securely. Exceptions to confidentiality include: threat of harm to self or others; child/elderly/dependent abuse; court order; or as required by law. Initial \_\_\_\_\_

## 6. Fees, Payment, and Cancellation

My fee for initial assessment to be discussed with DNS/Coach. Late cancellation/no-show will result in the forfeiture of the cancelled or no-show session. I acknowledge that this service is not covered by insurance and I am responsible for payment in full for my sessions or packages. Initial\_\_\_\_\_

## 7. Credentials & Scope of Practice

DNS/Coach holds the following credentials: Certified LENS Provider, Certified IASIS Provider, ORDM. DNS/Coach is a health/wellness coach and certified neurofeedback/biofeedback provider. I have been referred to or am working with a licensed health professional. Initial\_\_\_\_\_

## 8. Termination

Either party may terminate the services at any time. If terminated early, any unused sessions or prepaid fees will be handled as follows: all unused sessions from a prepaid package will be forfeited one year from the date of the purchase of the unused package. There are no refunds. Initial\_\_\_\_\_

## 9. Consent

I have had the opportunity to ask questions about neurofeedback/coaching methods, fees, risks, benefits, and alternatives. I understand the information and consent to proceed with sessions with Barry Bruder.

Initial\_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Practitioner/Coach Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If client is a minor:

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_