Barry Bruder Neurofeedback - Informed Consent & Service Agreement ©

Please complete this form and email it to Info@BarryBruderNeurofeedback.com prior to your session.

CLIENT NAME		**DATE**	
DATE OF BIRTH		**PARENT / GUARDIAN (if minor)**	

1. Description of Services

I understand that I am engaging in microcurrent neurofeedback and wellness coaching services provided by Barry Bruder, Direct Neurofeedback Specialist (DNS/Coach). Microcurrent neurofeedback uses brief, very low-intensity electrical signals delivered through external electrodes placed on the scalp. It is intended to support nervous system regulation and wellness; it is not conventional EEG neurofeedback and does not rely on real-time auditory or visual feedback training.

I understand that these services are provided in a wellness setting and are not a substitute for medical, psychiatric, psychological, or other licensed health care. Barry Bruder is not acting as my physician, psychiatrist, psychologist, or other licensed medical provider.

Initials: _____

2. Methods, Participation & Session Expectations

Session length and frequency will be discussed with me based on the service selected. I understand that my participation - including arriving on time, following session instructions, providing feedback, and completing requested observations - is important to the process.

I understand that other health and wellness approaches may be available and may be appropriate for me. I am encouraged to discuss health concerns and treatment decisions with my licensed health care professionals.

Initials: _____

3. Possible Responses, Benefits & Alternatives

Individual responses vary and no specific result is promised or guaranteed. Clients may report changes in areas such as regulation, sleep, focus, energy, stress response, or general well-being. Some individuals may experience temporary fatigue, headache, changes in mood or sleep, increased awareness of symptoms, transient discomfort, or no noticeable change.

If I take medication or receive medical, psychiatric, psychological, or other professional care, I will continue that care as directed and will not stop or modify treatment or medication based solely on these services without consulting the appropriate licensed professional.

Initials: _____

4. Client Responsibilities & Health Changes

I agree to communicate relevant changes in my health, medications, mental health status, or response to sessions. If I or my child has a fever or contagious illness, I will not attend and will notify Barry Bruder Neurofeedback as soon as reasonably possible.

I understand that urgent or emergency medical or mental health concerns should be directed to an appropriate licensed professional or emergency service rather than to Barry Bruder Neurofeedback.

Initials: _____

5. Privacy & Confidentiality

Client information and service records will be handled as confidentially as reasonably possible and stored using appropriate administrative, physical, and technical safeguards. Information may be disclosed when authorized by me or when disclosure is required or permitted by applicable law.

For electronic forms and records, Barry Bruder Neurofeedback intends to use secure systems appropriate to the sensitivity of the information. The final online submission and storage workflow will be implemented through a protected service selected for the practice.

Initials: _____

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6. Fees, Payment, Scheduling & Cancellation

Fees and package terms will be discussed with me before services are provided. I understand that Barry Bruder Neurofeedback is a private-pay wellness practice and that I am responsible for payment in full for sessions or packages.

I will provide at least 24 hours' notice to cancel or reschedule a session. A late cancellation or no-show may result in forfeiture of that session. If I arrive more than five minutes after my scheduled session time, the session may be forfeited. Exceptions for illness or unusual circumstances are at the discretion of Barry Bruder Neurofeedback.

Initials: _____

7. Credentials & Scope of Practice

I understand that Barry Bruder provides neurofeedback/biofeedback-related wellness services and coaching within his training and scope. These services do not constitute diagnosis or treatment of a medical or psychological condition and are not intended to replace care from licensed medical or mental health professionals.

I understand that I may be encouraged to work with or consult an appropriately licensed health professional when concerns fall outside the scope of wellness services.

Initials: _____

8. Packages, Termination & Refunds

Either I or Barry Bruder Neurofeedback may discontinue services at any time. Unless otherwise agreed in writing, unused sessions from a prepaid package expire one year from the date of purchase. There are no refunds for completed services, forfeited sessions, or expired package sessions.

Initials: _____

9. Acknowledgment & Consent

I have had the opportunity to ask questions about the nature of the services, session expectations, possible responses, fees, alternatives, privacy, and scope of practice. I understand that results vary and are not guaranteed. By signing below, I voluntarily consent for myself, or for the minor for whom I am legally authorized to consent, to participate in Barry Bruder Neurofeedback services.

Client Signature		**Date**	
Parent / Guardian Signature (if minor)		**Date**	
Practitioner / Coach Signature		**Date**	

Secure online implementation: Initials, signatures, dates, and submission records should be captured through the practice's approved secure form system. Completed forms containing sensitive client information should not be transmitted through ordinary email.