

Parental Informed Consent for Neurofeedback Training

I hereby authorise the Sydney Cognitive Development Centre (SCDC) to provide my child with neurofeedback training.

I understand that this training is used for a variety of conditions, which appear to be associated with irregular brain activity, including but not limited to ADHD, depression, anxiety, stroke and seizure disorders. Training is recommended on the basis of empirical observation of improvement in clients with similar conditions.

I understand that EEG biofeedback (neurofeedback) requires placement of surface electrodes on my child's scalp for the purpose of recording EEG and the use of this signal to provide video displays and audio signals.

I understand that some individuals have reported that training may affect my child's response to medications for their condition and for unrelated conditions. I understand that my child should not stop or alter any of his/her medications without consulting his/her physician/psychiatrists. My child should continue ongoing therapies until otherwise advised by the physician. Should new symptoms develop, it is my responsibility to inform my child's health care providers including my child's neurofeedback practitioner.

I understand that it is the parents' responsibility to monitor the subjective effects of training either through observation or through consultation with other care givers. Neurofeedback is based on the input of the parents' report from day to day sessions as well as from the initial evaluation, and depends on the full participation of the parents. Where appropriate it will also be important to get feedback from teachers, and it will be discussed whether you give consent for us to contact the school or contact them directly yourself. The research literature indicates that there are some individuals who are apparently unaffected by training. Accordingly, the parents are encouraged to discuss the progress after about ten sessions to determine if further training is indicated. Discussion is invited at this point or any time during the training.

No representation is made that any individual client will improve from training. There is some indication that some client's improvement may fall off after the cessation of training. These individuals would benefit from periodic follow-up or booster sessions. The training is non-invasive and appears to be a harmless procedure as far as is known at present. No injuries are shown or reported in the literature.

By signing this form, I indicate my understanding of the principles set forth here and waive any claim of damages due to the training including worsening of my child's condition for which the training was undertaken, claimed side effects of the failure to improve with training.

Confirmation of Informed Consent

I, *(print name in Block Capitals)*....., on behalf of my son/ daughter..... have read and understood the above Consent Form.

I agree to these conditions for service provided to my child at the Sydney Cognitive Development Centre (SCDC).

Signature Date

Neurofeedback provider Signature

Date

Please Note: If, after reading this page you are unsure of what is written, please discuss it with your neurofeedback provider before signing.

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Release of Information

I agree that the Sydney Cognitive Development Centre (SCDC) may share information with my child’s GP, who is the referral doctor.

I also provide consent for the SCDC to contact the following individuals with regards to the neurofeedback training and obtained results.

	<u>Initials</u>
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.....
.....

Signature Date