Practitioner's Name
Title and License/Certification
Clinic or Company Name
Address
Phone Number
Web address
Email address

INFORMED CONSENT FOR BIOFEEDBACK TRAINING

MY BACKGROUND
Paragraph written in the first person describing your background, including education, training, certifications/licenses, the services that you provide and the goals that you want your clients to achieve. Unless you are licensed to practice as such, you should include the following statement: I am not licensed as a physician, psychologist or chiropractor, and I cannot and will not diagnose, treat, cure, mitigate or prevent any medical or psychological disease, disorder or condition.

BIOFEEDBACK
Biofeedback is a complementary and alternative medicine technique which enables an individual to learn to change some physiological activities for the purpose of improving health. With biofeedback, the subject is connected to the biofeedback device with sensors to measure and receive information (feedback) about the body (bio). The biofeedback sensors use mild electrical impulses that measure skin temperature known as Electro Dermal Response (EDR), which teaches the individual to make subtle bodily changes, such as relaxing certain muscles, to achieve desired results, such as reducing pain. Biofeedback is often used as a relaxation technique.

The instrument utilized in the training sessions is called the INDIGO *(or SCIO)* biofeedback system, which requires that the client connect to the system with a head band, ankle and wrist straps to measure EDR. The scope of my practice through the use of this biofeedback system includes stress reduction training programs for relaxation training, pain management, muscle re-education and brainwave training. Although this training is expected to produce beneficial results, such results cannot be guaranteed. Biofeedback training is a complement, not a substitute, for medical or psychological treatment, and any ongoing treatment should not be discontinued without advice of your treating physician.

OTHER MODALITIES (if applicable)

CONFIDENTIALITY
Client information will be kept in confidence and will not be disclosed to anyone outside of this office without your written consent, unless as is required by law.

ARBITRATION PROVISION (if applicable) *Arbitration sets forth an agreement to forgo court action to settle disputes that arise between client and practitioner. Local organizations may provide arbitration services which may be subscribed to handle such matters.*

CONSENT
Your signature below indicates that you have read and understood the information in this document and that you consent to biofeedback training under the provisions stated. If you do not understand or consent to anything stated in this document, it is your responsibility to request and receive clarification before signing.

Client's Signature Client's Name Date

FOR PARENTS/GUARDIANS OF MINOR CLIENT

I attest that I have full legal authority to make decisions for the minor named below, and that I give my permission for him/her to undergo biofeedback training.

Parent/Guardian's Signature Minor's Name Date