

About LENS

Low Energy Neurofeedback System

Consent for Treatment

(updated 01-03-2012)

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LIMITATIONS OF THIS CONSENT:

This signed form may not be used as consent for any other treatment. Participation in any other treatment requires a separate form.

All procedures performed under the protocol will be conducted by individuals legally and responsibly entitled to do so.

PERMISSION FOR TREATMENT:

I, a prospective patient, give my full permission to Eryn Barrett, supervisor, or other staff of his/her office to use any data collected during the preparation and participation in the LENS sessions, and I give up all implied and actual ownership of any data collected. I understand that when data is used, my confidentiality will be protected, and that my identity will not be revealed unless required by law (as outlined previously).

I acknowledge that I have been given an opportunity to ask questions regarding this new treatment and that these questions have been answered to my satisfaction.

Initial here: _____

I acknowledge that I have read and understand the above information, and agree to participate in this treatment.

Initial here: _____

My consent to participate in this treatment is given voluntarily and without coercion.

Initial here: _____

I understand that I may discontinue treatment at any time, and that I may refuse to consent without penalty.

Initial here: _____

Eryn Barrett or other staff of her office has my permission to contact my physician or health care provider to both inform him/her of the circumstances and outcomes of my treatment, and request pertinent medical information about me.

Initial here: _____

I hereby give my consent to Eryn Barrett or the staff of his/her office, to record both benefits and unpleasant effects from LENS.

Initial here: _____

I have read and understood the contents of this Consent document, and consent to receive this treatment.

Initial here: _____

Signature of Clinician

Signature of Patient or Representative

Date

Date