

AUSTIN BIOFEEDBACK AND EEG NEUROTHERAPY CENTER
3624 North Hills Drive, Suite B-205, Austin, Texas 78731
512.794.9355 or fax: 512.794.0076

Agreement and Consent Form

By signing this form, the client (or legal guardian of minor) indicates his/her understanding and acceptance of the principles set forth below. The client agrees to take full responsibility for his/her training (or lack thereof) and further agrees to hold Austin Biofeedback and EEG Neurotherapy Center (hereinafter called "the Center"), its therapists and staff harmless from all claims associated with such training. In addition, the client waives any claim to damages due to training including worsening of the condition(s) for which training was undertaken, side effects, or failure to improve from training.

The client (or legal guardian of minor) agrees that therapists and staff of the Center may share information and consult with the client's primary care physician or specialist with regards to the client's training and the results obtained. The client (or legal guardian of minor) further agrees (YES__ NO__) that data obtained in connection with training may be used by the Center for research or publication, understanding that **any such use will only be made with the protection of privacy and the preservation of anonymity of the client.**

Unlike many other health care modalities, biofeedback training at the Center depends upon active participation by the client. Your personal training goals will involve learning, practicing and becoming confident in the use of new skills.

I have read the ***Client's Guide to Biofeedback*** and understand its content. I understand that I am free to ask questions about its content at any time. I understand the potential risks and benefits of biofeedback and that there are no guarantees that biofeedback will result in improvement of my presenting condition(s). I agree to the conditions outlined in this agreement/consent form and I voluntarily consent to receive biofeedback training. **I confirm that I have received a copy of the *Client's Guide to Biofeedback* and that I am encouraged to ask questions now or at any time during the course of training.**

Signature of agreement and consent: _____ Date: _____

Printed name: _____

Staff witness: _____ Date: _____