



HIPAA – Authorization to Share Health Information

(Optional—fill out only if you want to give us permission to talk with others on your behalf)

I authorize CENTER FOR BRAIN TRAINING to use and disclose the protected health information that I have shared with your Center to the following physicians, health care providers and/or family members:

_____	_____
Physician	Other Practitioner
_____	_____
Family Member(s) or Friend(s)	Family Member(s) or Friend(s)

Records to Restrict:

If you prefer or restrict the information that can be shared, please identify below which information you don't want us to share.

I authorize the release of my complete health records with the exception of the following:

- Mental health or neurological history
- Communicable diseases (including HIV and AIDS)
- Alcohol/drug abuse treatment
- Other *(please specify)*: _____

Any information I have provided that is not restricted may be shared with the person(s) I authorize to receive this information. It is to be used only for the purpose of medical treatment or consultation, billing or claims payment, or other purposes as I may direct.

I understand I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization or if my authorization was provided as a condition for obtaining insurance coverage and the insurer has a legal right to contest a claim.

I understand that my treatment, payment, enrollment or eligibility for benefits will not be conditioned on whether I sign this authorization.

I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by Federal or State law.

Client or Guardian Signature: _____

Printed Name: _____ Date: _____

Name of Dependent *(if applicable)*: _____



INFORMED CONSENT & RELEASE FORM FOR BIOREGULATION (BioReg) SESSIONS

Bioregulation (BioReg) sessions are provided using Lenyosys LuxPro and Fractal devices and the Lenyosys CellCom biofeedback device. These devices are not designed to diagnose, treat, mitigate, prevent or cure any health condition. They provide general benefits recognized for biofeedback and PEMF (pulsed electromagnetic field) equipment, including promoting relaxation.

These are European CE certified medical devices and meet those regulatory requirements. The Lenyosys CellCom (LCC) is a non-invasive biofeedback device that captures and feeds back the body's bioelectrical signaling to the individual. Per Lenyosys, the manufacturer, the theory is that this may help stimulate the body's own inner cell signaling to support its recovery to help in balancing and calming the nervous system.

The LCC is a Biofeedback Class II Medical Device registered with the FDA (Product Code: HCC). The Lenyosys LuxPro (LLP) and Fractal are also non-invasive and feature extremely low intensity PEMF (pulsed electromagnetic fields) signals with complex frequency signatures. These are registered as Class I medical devices with the FDA. If you have a serious medical condition, the use of this technology should not replace any qualified medical advice you are currently receiving.

They Lenyosys Company indicates that the technology is designed to improve cell-to-cell communication which can allow the nervous system to "settle" or to "function more efficiently." Although the Center for Brain Training has many positive client reports from utilizing this technology, there is no research to bear out the described mechanism of action.

I agree that I have read the above information. I also understand I may experience an initial increase in my symptoms as the nervous system adapts, or I could have other non-typical symptoms, including being tired or achy. We recommend drinking more water than normal for 2-3 days after a session to help "clear" the system. You may choose at any time to stop the treatment. Our clinical experience is that the response for most people is neutral or positive. However, everyone is a unique individual, and responses can vary. Not everyone will notice a response to this technology.

I understand it is my responsibility to disclose accurately all information requested by the Center for Brain Training and to report any change in symptoms or any change to my medications. I agree NOT to hold CENTER FOR BRAIN TRAINING liable for any activities or results associated with the use of the Lenyosys devices. If using the Lenyosys Luxpro, I understand that I cannot have a pacemaker, defibrillator or potentially any other implanted stimulator in my body; the CellCom can be used with all of these devices.

I am not a minor (under 18 years of age). These devices have never been tested with pregnant women for safety. I have been given satisfactory answers to my questions concerning the use of these devices, and I give my full consent to their use.

I further acknowledge that I am fully aware that the LCC/LSC practitioner is not a licensed medical practitioner, but rather, a Certified LCC/LSC practitioner. I acknowledge that he or she has not made any promises of any kind to diagnose, treat, cure or otherwise address any medical issues I might be undergoing.

Signature: _____ DOB: _____

Printed Name: _____ Date: _____

Name of Dependent (if applicable): _____

Center for Brain Training

550 Heritage Drive, Suite 140 | Jupiter, FL 33458 | www.CenterForBrain.com | (561) 744-7616



INFORMED CONSENT & RELEASE FORM FOR EEG RECORDING & NEUROFEEDBACK TRAINING

I authorize the Center for Brain Training (CFB) to provide neurofeedback and record my EEG. Neurofeedback is a form of biofeedback (EEG or brain biofeedback) that offers auditory and/or visual information to individuals about their brain activity. Many conditions appear to be associated with types of brain patterns or activity.

Sensors on scalp: Recording an EEG or providing neurofeedback requires placement of sensors on the scalp for the purpose of measuring the EEG to either provide visual and auditory feedback from the digital signal or for recording EEG electrical activity in a digital form. It is generally accepted that the act of recording the EEG does not affect the individual.

Input from the client is important. It is important for the client to provide feedback about any perceived changes in symptoms or other changes during or after neurofeedback training. Changes noted 1 to 5 days after the last training are particularly important. The client should note changes and provide that information by e-mail, text, phone or in person to Center for Brain Training on or before the next visit.

Review progress periodically. The client should ask for a formal review with CFB after ten to fifteen sessions to evaluate progress. Discussion is invited at any time.

Effect on medications: It is typical that changes an individual may achieve in training with neurofeedback may affect an individual's response to medications. Please discuss changes you perceive in response to medication to the Center for Brain Training staff. Medications should not be stopped or altered without consulting your physician or psychiatrist. Should new symptoms develop or if symptoms should change, it is the client's responsibility to inform his/her healthcare providers, including the neurofeedback practitioner.

Progress varies by individual. Although research and clinicians worldwide have reported progress with a high percentage of clients, no representation is made that any individual client will improve from neurofeedback training. The amount of time it takes for progress to be made when training the brain can vary. When progress is made, some clients report that improvements fade at some point after stopping training. These individuals typically benefit from booster trainings. Neurofeedback training is non-invasive and appears to be a harmless process, as is known at the present time. No long-term adverse effects have been noted in research.

Cancellation policies. Please notify Center for Brain Training of an appointment cancellation at least 24 hours in advance. There is a \$75 fee for missed appointments and cancellations less than 24 hours from the appointment time. **There are no refunds on pre-paid sessions. Sessions must be used within 6 months of payment.**

Waiver. By signing this form, I understand the information above and waive any claim of damages due to a perceived failure to improve with training, a perceived increase in symptoms for which the training was undertaken or perceived side effects. Neurofeedback measures the EEG and provides feedback based on the individual's EEG. I acknowledge that any perceived effects noted during the process of EEG training is likely the result of my brain's response to its own feedback, or perceived effects could be a response to factors unrelated to EEG training.

Any controversy or claim arising out of or related to this contract, or the breach thereof, shall be settled by arbitration administered by the American Arbitration Association pursuant to its Healthcare Payor Provider Arbitration Rules, and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof in the State of Florida.

Signature: _____ DOB: _____

Printed Name: _____ Date: _____

Name of Dependent (if applicable): _____

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