

Informed Consent for Neurofeedback

Neurofeedback, or EEG biofeedback, is being offered by Dr. Hirshberg as a form of psychological treatment that offers potential benefits for the area of difficulties in which I am seeking help.

I have been informed by Dr. Hirshberg that at the present time neurofeedback is not widely accepted as a conventional or traditional treatment approach. I understand that although research has documented the effectiveness of neurofeedback for a number of disorders, difficulties, or disabilities, in many areas of its use, only clinicians' reports or anecdotal evidence supports its effectiveness.

Dr. Hirshberg has indicated his willingness to provide to me bibliographic information on the extant literature regarding the effectiveness of neurofeedback.

I acknowledge that I have been informed that neurofeedback is likely to be regarded by a many practitioners and by insurance companies and professional organizations as an experimental treatment.

I understand that EEG biofeedback requires the placement of surface electrodes on my scalp for the purpose of recording my EEG and using this signal to provide feedback in the form of video display or games. While there are few risks associated with this procedure, there is a remote possibility of skin irritation from the electrode cream that is used to attach electrodes. The techniques used to attach the electrodes have been used at numerous clinics and research institutions for many years and no deleterious side effects have been reported. It is a universally used procedure for the recording of the EEG, and a necessary tool for the evaluation of brain function in various contexts. I understand that I can remove the electrodes at any time if I so desire. There is no risk of electric shock from this procedure.

Dr. Hirshberg has informed me that he is aware of no permanent negative effects resulting from neurofeedback. In individuals who are vulnerable to bipolar disorder or who may have the underlying condition of bipolar disorder but have not yet had a manic episode, there have been reports that neurofeedback can initiate a first manic episode. This is similar to anti-depressant medication, which can also initiate a manic episode when the vulnerability is present.

I am aware of this risk and aware that if I am suffering from depression and have a family history of bipolar disorder that I need to report this history to the NeuroDevelopment Center staff. Neurofeedback can be used safely to treat bipolar disorder; Clinicians report very consistent success with using neurofeedback for bipolar disorder. A different training approach is employed to treat bipolar disorder than what is used for depression alone.

I am also aware that under certain circumstances, EEG biofeedback can occasion a seizure in individuals with epilepsy or a vulnerability to seizures. However, when used properly, research has shown that neurofeedback is an effective treatment for epilepsy. I am aware of the need to inform the NeuroDevelopment Center staff if I have a history of epilepsy or a family history.

I understand also there may be some temporary effects that result in some degree discomfort or disequilibrium. Some individuals have reported that treatment seemed to produce a temporary worsening of some symptoms, including feeling more anxious, more distractible, or have reported temporary headaches, sleep disturbances, or similar difficulties. These reactions are usually limited in time or can be resolved by changing training protocols. I agree that I will contact Dr. Hirshberg should the degree of discomfort be such that I do not wish to wait until the next scheduled feedback session to have this difficulty addressed. I understand that after-hours coverage is available by calling the NeuroDevelopment Center phone number, and that I may request to speak with Dr. Hirshberg directly, rather than the on call professional.

I also understand that training may affect my body's response to medications for my condition and for unrelated conditions. I understand that I should not stop or alter any of my medications without consulting my physician. Should new symptoms develop, it is my responsibility to inform my health care providers including Dr. Hirshberg.

Dr. Hirshberg has provided an online checklist to complete 24 to 48 hours after each neurofeedback session in order to provide him with information about any changes observed or experienced subsequent to neurofeedback. I agree to complete this form within 20 to 48 hours of each neurofeedback session.

I acknowledge that I have discussed with Dr. Hirshberg and am aware of the traditional and widely accepted forms of treatment for the difficulties for which I am seeking treatment and give my informed consent to participating in neurofeedback. I hereby authorize Dr. Hirshberg to provide me with neurofeedback treatment.

Please check one for each line below:

I ___do ___do not have bipolar disorder.

I ___ do ___ do not have a family history of bipolar disorder.

I ___do ___do not want to speak to Dr. Hirshberg about bipolar disorder because I am uncertain about whether I or family members have this disorder

I ___do ___do not have epilepsy/seizure disorder..

I ___ do ___ do not have a family history of epilepsy/seizure disorder.

I ___ do ___ do not want to speak to Dr. Hirshberg about epilepsy/seizure disorder because I am uncertain about whether I or family members have this disorder

Name

Signature

Date

Witness