

Neurofeedback Outcome Agreement

I understand that very careful observation about the effect of neurofeedback on the individual who is training (trainee) is critically important to optimize the training. I agree to provide this information by completing the online checklist accessed through www.neurodevelopmentcenter.com after each neurofeedback session, describing any changes in the trainee's functioning observed after that session.

I understand that regular and consistent training is necessary to achieve my goals. I agree to come for twice weekly neurofeedback training sessions for twenty sessions, so that the first twenty sessions can be completed within three months.

I understand that we are best able to understand the impact of neurofeedback training on the trainee's functioning if other factors that can impact that functioning are held constant. I agree to refrain from any changes in medication during the initial twenty sessions of neurofeedback, unless they are medically necessary, as determined by the prescribing doctor and the patient and his/her family. If a change is medically necessary, I agree to inform The NeuroDevelopment Center of this change. I understand that this request is made so that it is possible to determine that any changes in functioning that are observed are related to the neurofeedback training, and not to medication.

I understand that the rating scales and the computerized testing completed before and after the first twenty sessions of neurofeedback will be utilized to measure treatment outcome. I agree to complete these measures accurately and promptly. I understand that a visit with Dr. Hirshberg will be scheduled as soon as these measures are completed in order to review the results of this treatment outcome measurement. I understand that I may decide whether or not to continue the neurofeedback training until this visit. I agree that the charges for any training sessions I elect to schedule during this period of time are my responsibility.

I agree also to complete a written description of my observation of changes observed after twenty sessions of neurofeedback.

If neither the rating scales, the computerized test, nor the written observations indicate significant improvement in function (as indicated by an improvement of one standard deviation in normative scales, or one level of severity in scales that do not have statistical norms, or observations described as reflecting significant improvement), and there have been no changes in medication, and the twenty sessions have been completed in no more than three calendar months, I understand that the NeuroDevelopment Center will continue to provide neurofeedback without charge for another twenty sessions, with repeated rating scales, computerized testing, and written description after the next twenty sessions.

Name

Date

Signature