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INFORMATION FOR NEW CLIENTS

(2022 Informed Consent)

The following statements are presented to insure that you are aware of your rights and responsibilities. If you have any questions, please ask your Practitioner.

Quantum Biofeedback is a complementary and alternative technique which enables an individual to learn to change some physiological activities for the purpose of improving health. During the initial consultation, the individual is connected to the biofeedback device with sensors to measure and receive information (feedback) about the body (bio). The biofeedback sensors use Electro Dermal Response (EDR), once the initial session is complete the individual will receive information from the technician about what areas were identified as the highest stress levels for that individual, which related to the body's responses in your spine, meridians, digestive, nutritional, hormones, foods, environmental toxins and emotional stressors in your body. the variety of potential stressors and a plan is developed to assist an individual in attaining their goal for stress reduction and wellness.

The instrument utilized in the training sessions is quantum biofeedback system, which may require that the client connect to the system with a head band, ankle, and wrist straps to measure EDR. The scope of my practice through the assistance of this biofeedback training system we can assist the individual with stress reduction training programs for relaxation training, pain management, muscle re-education and brainwave training. Although this training is expected to produce beneficial results, such results cannot be guaranteed. Biofeedback training is a complement, not a substitute, for medical or psychological treatment, and any ongoing treatment should not be discontinued without advice of your treating physician. It is our expectation that individuals will take the necessary steps to participate in your healing process. I do not diagnose, treat, cure, mitigate or prevent any medical or psychological disease, disorder, or condition.

OTHER MODALITIES None

CONFIDENTIALITY

Client information will be kept in confidence and will not be disclosed to anyone outside of this office without your written consent, unless as is required by law.

CONSENT

Your signature below indicates that you have read and understood the information in this document and that you consent to biofeedback training under the provisions stated. If you do not understand or consent to anything stated in this document, it is your responsibility to request and receive clarification before signing.

Client's Signature

Client's Name

Date

FOR PARENTS/GUARDIANS OF MINOR CLIENT

I attest that I have full legal authority to make decisions for the minor named below, and that I give my permission for him/her to undergo biofeedback training.

Parent/Guardian's Signature

Minor's Name

Date

www.beyondthebraintherapies.com

www.counselingsolutionsmn.com