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## Biofeedback Agreement of Understanding

Thank you for taking the time to review these important points of your care. This form is specific to biofeedback services and information.

- The SCIO is a state-of-the-art FDA Registered -Quantum Biofeedback System arguably the most advanced in the world.
- The biofeedback system utilizes five comfortable, conductive straps that envelop the wrists, ankles and forehead. Once the calibration process is complete, a short Electro Dermal Response stress reaction scan is performed with results displayed on the biofeedback systems, computer software interface.
- Through the use of the biofeedback training programs trained technicians can train their clients with stress reduction training programs for muscle re-education, relaxation training, pain management and brain wave training to improve the quality of their lives. Health is an individual matter with many approaches to healing and no guarantees.
- Stress is any perceived mental or physical tension that results from environmental, physical, mental, emotional, chemical, and a host of other causes. It's a response of the body and mind to any demand made upon it which results in symptoms, such as a rise in blood pressure, release of hormones, quickness of breath, tightening of muscles, increased mental and cardiac activity.
- It is important to NOTE that it is NOT within the scope of biofeedback to; diagnose, treat, cure or prevent any medical or psychological disease, disorder or condition.

### Please Choose Which Payment Options You Would Like:

- Private Pay** (or HSA Account) I agree to pay \$200 per session (1.5 hours).
- Add-ons:**
  - 30 extra minutes = \$75
- Insurance** – I would like to utilize my insurance and have it pay for the initial visit (1.5 hours). Thereafter, I would like my insurance billed for standard one hour sessions. I see that I have the option to pay privately for extra time with the practitioner.

### Consent to Treatment

- I give my consent to therapy and/ or biofeedback/neurofeedback services.
- My signature below indicates that I understand and agree with the above statements in each section of this document. I also understand that the therapeutic process isn't guaranteed.
- I have received a copy of "The Health Information Privacy" document and have had an opportunity to discuss any questions or concerns I have about how PHI is being managed.

X

Client Signature