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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 mental health and biofeedback service information. Some things to know:

- 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.
- In office, 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 test is performed with results displayed on the biofeedback systems, computer software interface. During virtual sessions Clients and Practitioners are able to interact virtually through video conferencing. This will allow you to interact in such a way that allows increased possibilities towards personal progress.
- Through the use of the biofeedback training programs trained Technicians can assist you with stress reduction which is an internal training program for muscle re-education, relaxation training, pain management and brain wave training to improve quality of life. Health is an individual matter with many approaches to healing.
- The SCIO is a state-of-the-art FDA Registered -Quantum Biofeedback System arguably the most advanced in the world. We also offer less sophisticated but highly effective Heart Math and Play Attention. If you would like any information about in-home personal devices, please ask your Practitioner for information.
- Biofeedback is for the sole purpose of assisting in stress reduction and increasing regulatory skills. Heart and brain coherence is at the core of this process. It is helpful to begin learning more about your health/breathing.
- 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. Therefore, outcomes cannot be guaranteed.

Please Choose ALL That Apply

- Private Pay** (or HSA Account) I agree to pay \$200 per session (1.5 hours).
- Insurance** – I would like you to bill my insurance for one hour or 1.5 if applicable.
- I would like to add an extra 30 minutes _____ privately pay \$50 if my insurance doesn't reimburse
- I would like to add an extra 60 minutes _____ privately pay \$100 if my insurance doesn't reimburse

Consent to Treatment

- I give my consent to therapy and/ or biofeedback/neurofeedback services (both in office and/or through Tele-Health).
- I understand and have had a chance to consider the above information. I have had opportunity to discuss my concerns with my Practitioner.
- 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.

Signature of Client

Date