

PLEASE PRINT THE FOLLOWING TWO PAGES AND BRING WITH YOU TO YOUR FIRST APPOINTMENT.

Permission/Consent for Participation

My signature below indicates that I have read, reviewed and understand these documents and/or I have had the documents read to me and explained to me.

- Guidelines for Participating in Neurofeedback
- Fee Schedule
- Payment & Cancellation Policy
- Informed Consent
- Client Acknowledgement-Benefits & Risks of Neurofeedback
- Client Bill of Rights & Responsibilities
- HIPPA Notice

I consent to participate in the procedures described in these documents. I acknowledge the benefits and risks of qEEG brain mapping and neurofeedback training. I understand my rights as a client and privacy afforded under HIPPA. I understand I may ask questions at any time, and may request to stop interventions at any time.

Signed: _____

Printed name: _____

If Minor: Parent or Guardian: _____

Date: _____

I give my permission to receive text appointment reminders and correspondence.

Yes _____
No _____

Credit/Debit Card Pre-Authorization Form

I authorize Pamela Key to keep my signature on file and to charge my Visa or Mastercard Account for recurring charges of \$70.00 per neurofeedback training session. I also authorize charging my credit card for the full fee for any appointment that is not kept or cancelled in accordance with our policy.

I understand this form is valid for two years unless I cancel the authorization in writing. I agree not to dispute charges ("charge back") for sessions I have received or not cancelled 24 hours prior to the scheduled appointment. I further authorize Pamela Key to disclose information about my attendance/cancellation to my credit card issuer if I dispute a charge.

Client Name

Cardholder Name

Cardholder Billing Address

City, State

Zip

MC/Visa Account Number

Exp Date

CVN

Cardholder Signature

Date