



Neurofeedback Clinic of Northern Colorado  
4115 Boardwalk Drive, Ste 100  
Fort Collins, CO 80525  
P970-493-4580

## CONSENT FOR RELEASE OF NON-IDENTIFYING INFORMATION

By signing this consent, I give my permission for The Neurofeedback Clinic of Northern Colorado to release non-identifying information regarding data obtained in the context of Neurofeedback. This information may include but not limited to symptom graphing data as well as general, non-identifying, anecdotes related to the symptom graphing.

Information released may be singular or compiled with other clients and released in an aggregate fashion.

Released information will NOT include any information obtained during traditional psychotherapy without a specific consent for release of information.

This release is valid until the end of neurofeedback treatment unless otherwise specified but can be revoked at any time.

Information released will be for the strict purpose of education and/or grant writing. Information may also be released in the context of professional consultation and/or professional supervision for certification.

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Name of client

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Signature of client or guardian of minor child

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Date

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Printed name of guardian

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Relationship