

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

## **Professional Disclosure and Informed Consent**

### **Informed Consent**

We offer psychological therapy supported by EEG biofeedback training to clients in connection with a variety of conditions that appear to be associated with dysregulation of brain activity. These conditions include hyperactivity and attention deficits, behavior problems, sleep disorders, depression, anxiety, chronic pain, brain injury, seizures, PTSD, and other conditions. Therapy supported by EEG biofeedback training is also provided for clients who wish to enhance brain regulation for improved performance.

Scientific investigation is ongoing to determine the mechanism by which benefits from EEG biofeedback are achieved. At present, we recommend the training on the basis of empirical observations and research evidence of improvement in clients with similar conditions. As with any treatment symptoms may temporarily get worse before they get better.

No guarantee is made that any individual will improve with training. It is possible that for a few clients who do experience benefits, the improvement may fall off after the cessation of training. Those individuals would benefit from periodic follow-up for booster sessions. The training appears to be a harmless procedure as far as known at present. No injuries are known in the experience of the literature reviewed. It is a noninvasive procedure. Nevertheless, we do not make any representation concerning the safety or efficacy of training. Any questions should be addressed to the prospective client's physician. The client should continue ongoing therapies and maintain care with any established medical health provider, including prescribing physicians, unless otherwise advised by a physician.

It is the client's responsibility to monitor the subjective effects of training and to continue training so long as a benefit is perceived. The research literature indicates that there are some individuals who are apparently unaffected by the training. There are also clients who report vast benefits over the entire course of training. Accordingly, we encourage the client to evaluate progress after about 10 sessions to determine if further training is indicated. We invite discussion at this point or any point in the training.

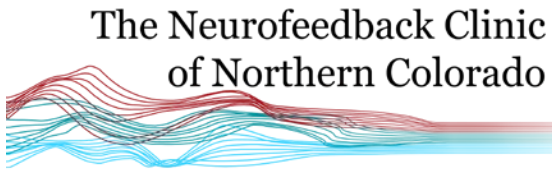
The Neurofeedback Clinic of Northern Colorado does not engage in emergency or crisis therapy. In the case of an emergency please call 911 or go to the nearest emergency room.

### **Client Rights**

The Colorado Department of Regulatory Agencies has the general responsibility of regulating the practice of licensed psychologists, licensed social workers, licensed professional counselors, licensed marriage and family therapists, licensed school psychologists practicing outside the school setting, licensed or certified addiction counselors, and unlicensed individuals who practice psychotherapy.

The agency within the Department that has responsibility specifically for licensed and unlicensed psychotherapists is the:

Department of Regulatory Agencies  
Division of Registrations  
Mental Health Section  
1560 Broadway, Suite 1350  
Denver, Colorado 80202 (303)-894-7766



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(a) You are entitled to receive information from your therapist about the methods of therapy, the techniques used, the duration of your treatment (if it can be determined), and the fee structure. Please ask if you wish to receive this information from your therapist.

(b) You may seek a second opinion from another therapist and may terminate your therapy at any time. (c) In a professional relationship (such as ours), sexual intimacy is never appropriate. If sexual intimacy occurs, it should be reported to the board that licenses, registers, or certifies the licensee, registrant or certificate holder.

## Confidentiality

Information disclosed to a licensed psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, licensed or certified addiction counselor, or an unlicensed psychotherapist is confidential and considered privileged communication and cannot be disclosed in any court of competent jurisdiction in the State of Colorado without the consent of the person to whom the testimony sought relates.

There are exceptions to the general rule of legal confidentiality. These exceptions are listed in the Colorado statutes (C.R.S. 12-43-218). You should be aware that provisions concerning disclosure of confidential communications shall not apply to any delinquency or criminal proceedings, except as provided in section 13-90-107 C.R.S. Matters regarding your psychotherapy will be kept confidential except in the following circumstances:

- 1) You sign a release of information giving permission to release information to a specific individual or agency;
- 2) Intent to harm self or others;
- 3) Abuse, neglect, or suspected abuse or neglect of children, elderly, or others unable to care for themselves.
- 4) If the client poses a reasonable risk to national security

Under these conditions the proper authorities will be notified.

Information in your case may be shared with Neurofeedback Clinic of Northern Colorado therapists listed in this document. Your signature below constitutes your permission for such consultations. I will not testify in court on any case, if asked, due to the damage this can do to the therapeutic relationship.

## Clinical Staff

Lisa Pendleton, MS, LMFT #983  
Clinical Director  
EMDR II, Neurotherapy Practitioner  
970-493-4580, Ext 302

Monica Rowell, MA, LPC #12332  
Neurotherapy Practitioner  
970-493-4580, Ext 306

Barbara Stutsman, MA, MS, LMFT #974  
EMDR II, Neurotherapy Practitioner  
970-493-4580, Ext 308

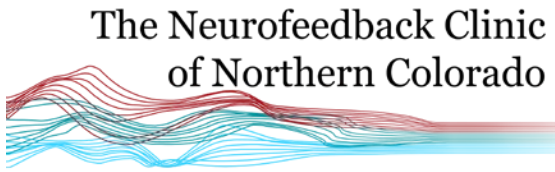
Jennifer Wayman, MEd, CAC II, LPC #0012237  
Neurotherapy Practitioner  
970-493-4580, Ext 311

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EMDR II, Neurotherapy Practitioner  
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Neurotherapy Practitioner  
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Neurotherapy Practitioner  
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Vanessa Baltazar Schneider, MA, LPC #12471  
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Rebecca Craig, MA, LPC #0004479  
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Heather Meyer, MA, LPC #0012680  
Neurotherapy Practitioner  
970-493-4580, Ext 304

Rachael McGonegal, MA, LPC # 0005099  
Neurotherapy Practitioner  
970-493-4580, Ext 332

**Administrative Staff**

Jeff Andersen  
Business Manager  
970-493-4580, Ext 309

Tristin Hammel  
Office Manager  
970-493-4580, Ext 312

Kelsey Wayman  
Office Assistant  
970-493-4580, Ext 301

Rachel Knox-Stutsman  
Office Assistant  
970-493-4580, Ext 310

\_\_\_\_\_  
Signature of Client (15 and over) or Guardian of minor child

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of client or child

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Signature of therapist

\_\_\_\_\_  
Date