



Jeanette Dadson
Certified LENS Technician
#109 20103 40th Avenue
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Canada
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CONSENT FORM

I give my consent to be treated with Neurofeedback:

Initial here: _____

I understand that I may discontinue treatment at any time, and that I may refuse to consent without penalty.

Initial here: _____

I understand that these treatments are not intended to diagnose neurological disorders, nor will a neurologist be reviewing these records:

Initial here: _____

I understand that my treatment records are private to the fullest extent of the law; that is, except in cases of potential harm to myself or others, or in civil or criminal proceedings and with a court order:

Initial here: _____

I give my full permission to Jeanette Dadson LENS technician to use any data collected during the preparation and participation in the LENS sessions, and I give up all implied and actual ownership of any data collected. I understand that when data is used, my confidentiality will be protected, and that my identity will not be revealed unless required by law.

Initial here: _____

Jeanette Dadson LENS technician has my permission to contact my physician or health care provider to both inform him/her of the circumstances and outcomes of my treatment, and request pertinent medical information about me.

Initial here: _____

Cancellation policy: I understand that if I cancel the same day, or do not show for an appointment, Jeanette Dadson may charge me a cancellation fee equal to my session fee. I understand that short-notice cancellations are acceptable for illness or unsafe driving conditions.

Initial here: _____

Name of client: _____

Signature of client or representative

Date