



Jeanette Dadson  
LENS Technician  
19647 44B Ave.  
Langley B.C. V3A 5W3  
778-554-6524

**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