

Informed Consent

PLEASE READ AND SIGN BELOW

Welcome to Brandywine Valley Counseling and Neurofeedback Center. The purpose of this form is to obtain your voluntary consent to participate in therapy sessions.

Consent

I voluntarily consent to enter into treatment, or give my consent for the minor or person under my legal guardianship mentioned below, with Brandywine Valley Counseling and Neurofeedback Center (hereafter referred to as the clinic).

I consent to have treatment provided by a Licensed Clinical Social Worker, Licensed Professional Counselor, or an intern in collaboration with his/her supervisor.

I understand that I am free to withdraw my consent and to discontinue participation in therapy services at any time. The clinic encourages that this decision be discussed with the treating psychotherapist. This will help facilitate a more appropriate plan for discharge.

The natural consequences and potential risks and benefits have been fully explained to me by Brandywine Valley Counseling and Neurofeedback Center.

Other Methods: Alternative methods of treatment include traditional medical treatments, medications, supplements, the use of neurofeedback or other biofeedback modalities.

Choosing the Right Intervention: The interventions described above are voluntary, not mandatory. You will not be pressured for not participating. You may withdraw from/stop receiving therapy sessions at any time without consequence.

Permission

My signature below indicates that I have read, reviewed and understand this informed consent (and/or I have had the form and its contents read to me and explained to me), and I consent to participate in therapy sessions. I understand I may ask questions at any time, and may request to stop interventions at any time.

I have read and understand my rights.

Signed: _____ Date: _____

Printed name: _____

Client name (if different from above): _____