



MONTEREY BAY
NEUROFEEDBACK CENTER

Training and Rebalancing the Brain ■ montereybayneurofeedback.com

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INFORMED CONSENT FORM

SUMMARY OF OFFICE POLICIES

1. A therapy hour is 50 minutes in length unless otherwise specified.
2. **24 hour notice is required for cancellations.**
Late cancellations will be billed at the standard rate.
Insurance companies do not pay for late cancellations or missed appointments.
A message service is available 24 hours for your convenience.
3. **Payment in full for each session is expected at the time of your appointment, unless other arrangements are made in advance.**
For insurance reimbursement, our medical billing company will submit a courtesy billing to your insurance company.

All communication in therapy is confidential. If you wish to have me speak to a third party on your behalf (e.g., physician, employer, school district, etc.) you will need to sign a release of information form authorizing an exchange of information.

Exceptions to confidentiality include (but are not limited to):

- reporting child, elder and dependent adult abuse or neglect;
- when a client makes a serious threat of violence toward a reasonably identifiable victim;
- when a client is suicidal;
- neglect of outstanding debt to therapist may result in releasing demographic and accounting information (no therapeutic information will be released)
- I receive a subpoena or court order.

I have received a copy of Monterey Bay Neurofeedback Center’s “Informed Consent Information for Neurofeedback Training” (Edition 4/18), which outlines all policies in detail and have had all of my questions answered. I have read the terms of these policies, understand and agree to them.

Print name _____

Signature _____ Date _____

Print name _____

Signature _____ Date _____