Mary f. Dinneen, LOM., LMT www.PreferredHealthSolutions.com 5151 Reed Rd., Suite 131-C Columbus, Ohio 43221 614-975-6752

INFORMED CONSENT FOR BIOFEEDBACK TRAINING

MY BACKGROUND

I understand that Mary Dinneen of Preferred Health Solutions is an Ohio Licensed Oriental Medicine Practitioner which includes the practice of Acupuncture, Herbal Therapy, Tui Na (Chinese form of Massage) Food Therapy and Mindfulness practices as well as a trained and Ohio licensed Massage Therapist (initial)
I understand that Mary Dinneen is a licensed prayer professional with the Centers for Spiritual Living(initial)
I understand that Mary Dinneen also provides stress management education through the use of the Eductor , a Quantum Biofeedback System. I realize that during a session she may engage me in coaching, demonstrations, education, self empowerment, explanations, instruction, mentorship, quiz for knowledge, supervise, teach, test for knowledge, train and tutor. I recognize that I am personally responsible for all my own decisions concerning my health, nutrition and wellness. I realize that Mary is certified in Biofeedback by the Natural Therapies Certification Board(initial)
I understand biofeedback is not a substitute for effective standard medical treatment. Mary Dinneen has advised me to continue ongoing medical treatment and therapies until otherwise advised by my doctor. I understand it is important for me to stay in close communication with my doctor(initial)

BIOFEEDBACK

Biofeedback is a complementary and alternative medicine technique which enables an individual to learn to change some physiological activities for the purpose of improving health. With biofeedback, the subject is connected to the biofeedback device with sensors to measure and receive information (feedback) about the body (bio). The biofeedback sensors use mild electrical impulses that measure skin temperature known as Electro Dermal Response (EDR), which teaches the individual to make subtle bodily changes, such as relaxing certain muscles, to achieve desired results, such as reducing pain. Biofeedback is often used as a relaxation technique.

I understand the intended purpose of quantum biofeedback training is for relaxation and muscle re-education so I may learn to: 1) manage my stress, 2) manage my pain, and/or 3) improve the quality of my life. I understand quantum biofeedback training is generally considered safe, but it is possible that it may exacerbate some emotional problems or I may become drowsy, at least

temporarily, during the training sessions. Other potentially harmful side effects not yet reported may occur. I agree to advise Mary Dinneen anytime I feel any side effects, so she may take steps to alleviate my discomfort.

The instrument utilized in the training sessions is called the **EDUCTOR** biofeedback system, which requires that the client connect to the system with a head band, ankle and wrist straps to measure EDR. The scope of my practice through the use of this biofeedback system includes stress reduction training programs for relaxation training, pain management, muscle reeducation and brainwave training. Although this training is expected to produce beneficial results, such results cannot be guaranteed. Biofeedback training is a complement, not a substitute, for medical or psychological treatment, and any ongoing treatment should not be discontinued without advice of your treating physician.

I have selected quantum biofeedback services in good faith, exercising my free will, and following the dictates of my own conscience which allows me to select what I understand is most beneficial to my health. I am aware of Mary Dinneen's qualifications and certifications. I am seeking wellness-enhancing suggestions that could reduce stress and thus improve my present health and future wellness. I am not here for medical diagnostic or treatment procedures. I presently seek quantum biofeedback and other programs within Mary Dinneen's scope of practice for stress reduction, relaxation, and/or pain management.

CONFIDENTIALITY

Parent's Signature

Client information will be kept in confidence and will not be disclosed to anyone outside of this office without your written consent, unless as is required by law.

ARBITRATION PROVISION Arbitration sets forth an agreement to forgo court action to settle disputes that arise between client and practitioner. Local organizations may provide arbitration services which may be subscribed to handle such matters. ______ (initial) CONSENT Your signature below indicates that you have read and understood the information in this document and that you consent to biofeedback training under the provisions stated. If you do not understand or consent to anything stated in this document, it is your responsibility to request and receive clarification before signing. Client's Signature Client's Name Date FOR PARENTS/GUARDIANS OF MINOR CLIENT NAMED: I attest that I have full legal authority to make decisions for the minor named below, and that I give my permission for him/her to undergo biofeedback training.

Parent's Name

Date

SOC Index (Score of Suppression = lifestyle factors)

Name:	
Date of Birth:	
Place of Birth:	(City, State, Country)
Time of Birth or approximate time of Birth:	
Female	
Male	
Pregnant: How many weeks:	
Have any Inherited disorders:(Y/N)	
Amount of lbs approximately overweight (According to D	Doctor's opinion)
Amount of negativity currently experiencing in your life:	(1-10 ter
being highest)	

The following questions require a number 1-10 (for this is all that the program will take).

SOC Index	Number 1-10		Number 1-10
# of Organs removed		Personal Stress: (0-10 ten maximum)	
# of Synthetic drugs currently using:		Number of sugar type products/day: (including soft drinks, ice cream, etc)	
Amt of times you smoke/day (cigarettes, cigars, etc.)		Number of exercise sessions/week: (20 or more that is not work)	
# of steroid type drugs used in the last year		Number of alcoholic drinks/day on average:	
# of metal amalgam fillings: (current or present during last year)		Number of caffeine drinks per day:	
# of street drugs used/month:		Number of Extreme toxic exposure/ year: (radiation, insecticide, chemicals)	
# of all known allergies:		Number of major injuries in past:	
# of unresolved mental factors:		Number of major infections past and present	
I am responsible for my Body: (0 minimum - 10 maximum each day)		Number of glasses of water or natural fruit juice per day:	
Percentage of Fat in diet: (include any fast food)		How many lbs overweight as seen by patient:	

DISCLAIMER: The EDUCTOR is to be used as a biofeedback multimedia system. No claims are made of the system or its results. It is designed for stress detection and stress reduction. The devise does not diagnose anyone. Only a licensed medical doctor can diagnose a patient. For the diagnosis of any disease please contact your primary physician.