

CONSENT FOR NEUROFEEDBACK

I, _____ acknowledge that I read the document **Neurofeedback Information**, seek and consent to undergo neurofeedback treatment with Dr. Cristina Lima.

I, _____ as parent or legal guardian, with the understanding that I have the legal authority to grant consent for neurofeedback services on behalf of _____, acknowledge that I read the document **Neurofeedback Information**, and agree to have him/her undergo neurofeedback treatment with Dr. Cristina Lima.

Signature(s)

Date