

INTAKE SESSION CHECKLIST

CLIENT / GUARDIAN NAME _____

DATE _____

Presenting Problem: _____ Diagnosis: _____

1. Treatment Schedule: *(May be modified as necessary)*

Treatment:	<u>NEUROFEEDBACK</u>	<u>GENERAL BIOFEEDBACK</u>	<u>COUNSELING</u>
Session Length:	45-50 MINUTES	45-50 MINUTES	50 MINUTES
Session Frequency:	3Times/Week	_____	_____

2. Scheduling Appointments:

- A. In the initial stages of training, it is often necessary to have neurofeedback sessions 3 times per week. We encourage you to schedule appointments in advance so that times that are most convenient can be reserved.
- B. If it is necessary to cancel an appointment, please make every attempt to reschedule the appointment within the same week so that optimum session frequency is maintained.

3. Cancellation Policy

There is **late cancellation fee of \$150.00** for all appointments cancelled with less than 24 hours notice.

Please Initial: _____

4. Treatment Planning and Evaluation:

A comprehensive treatment plan will be developed based on goals, symptoms and the results of the QEEG. A typical neurofeedback training program takes from 20 to 60 sessions with 40 being the average. An evaluation of the client's progress is made at about 20 sessions. In most cases, a change will be noticeable by the 15th session; however, there are people who need more sessions before positive symptom relief can be noticed. The current understanding among neurotherapy providers is that it takes a minimum of 20 neurofeedback sessions for a client to maintain the gains that they have made. Progress will be evaluated around the 20th session and recommendations for further training will be made at that time.

Please Initial: _____

5. Fees and Payment:

A. Initial Consult	\$150.00	For existing clients who have completed 20 sessions or more:	
B. Quantitative EEG	\$825.00		
C. IVA	\$150.00	G. Re-Eval and Re-IVA	\$150.00
D. Intake/Assessment/Treatment Planning	\$180.00	H. Re-Eval	\$100.00
E. Biofeedback/Neurofeedback	\$150.00	I. Re-Quantitative EEG	\$350.00
F. Individual Counseling	\$150.00		

Pre-Payment Option: Prepayment of 20 biofeedback/neurofeedback sessions is \$2,850.00. This represents a 5% paper-work discount (\$150.00 savings over 20 sessions). If training is discontinued prior to completion of all 20 sessions, any refund due will be calculated on the basis of \$150.00 for each completed session and collection is the responsibility of the paying party.

Please Initial: _____

6. Limits of Confidentiality:

Your confidentiality will be protected and respected by our staff. Licensed Professional Counselors (LPCs) are legally mandated to breach confidentiality in the following situations:

- A. Abuse of children, elderly, or disabled people.
- B. Threat of harm to self and others.
- C. Under a court order or subpoena

Please Initial: _____

- Your right to privacy regarding financial issues will be waived if your account has to be turned over to a third party due to non-payment.

Please Initial: _____

7. Communication with Insurance Provider:

Please check the appropriate box:

- I authorize Biofeedbackworks in Virginia, PLLC to communicate with the insurance company about required information to facilitate reimbursement

Please Initial: _____

- I **do not** authorize Biofeedbackworks in Virginia, PLLC to communicate with the insurance company about required information to facilitate reimbursement

Please Initial: _____

8. Emergency Services After Hours or Between Sessions:

- A. Cell: (540) 931-5100 (emergencies only)
- B. Mental Health Emergencies: 911

9. Additional Comments

I hereby acknowledge my active participation in the formulation of treatment arrangements as stated on pages 1 and 2. I understand its content and agree to abide by these stipulations unless mutually modified at a subsequent time. I also acknowledge receipt of a copy of this document.

Client/Guardian Signature

Date

Therapist Signature

Date