

**LENS Treatment Consent  
And Office Policies  
Tracy Wise, LPC  
(541) 520-8633**

- *Payment is due at time of service; credit card, cash or checks ONLY.*
- *Sessions (30-50 minutes) are \$100.*
- *There is a 24-hour cancellation policy; any scheduled appointments missed without notification 24 hours prior to the appointment will be billed at ½ price.*
- *My office will bill insurance, however, I am not on any insurance panels currently, and biofeedback is not generally covered by insurance. I can include LENS as a smaller part of a counseling session (talk therapy), and bill insurance for counseling services that ARE covered under my license.*

**Areas of Applicability:** Since 1991, the LENS (Low Energy Neurofeedback System) has been successfully applied to many central nervous problems, such as: symptoms of traumatic brain injury, stroke rehabilitation, fibromyalgia, depression and other mood and anxiety disorders, attention, hyper-activity, explosiveness/anger, and learning problems. This is not an experimental procedure. It is a personal exploration involving somatic re-education for each individual who chooses to find out how the LENS may help them. It usually takes 4-6 sessions to see some results, and may take 15-20 or more, in cases of very severe and/or long lasting trauma.

**Effects of the LENS:** The LENS tends to make functioning clearer and easier. It has increased cognitive functioning (memory, concentration, attention, ability to learn and read, organizing, and sequencing), motivation (initiating and completing activities), and motor skills (coordination, balance, grace, recovery from paralysis). It has elevated mood as an antidepressant. It has improved sleep at night, and reduced sleepiness during the day. It has increased energy and stamina. It has reduced seizures, explosiveness, irritability, spasticity, and background anxiety. It has reduced migraine and fibromyalgia pain, as well as Restless Leg syndrome.

**Side Effects:** although no significant negative side effects have been observed so far, your LENS practitioner will discuss the ones that we have seen with you. Your understanding of possible side effects will help you work with us to provide successful treatment. The side effects sometimes seen with the LENS are in the form of *temporary* increases of the symptoms you already have. If you experience any side effects, let your LENS technician know; he/she can work closely with you to adjust the feedback dosage.

**Medical Stability:** You affirm that you have stated all known medical conditions, and answered all questions honestly. You must be medically stable to engage in the LENS sessions and non-suicidal. Please tell your practitioner if you have any changes in medication, and especially, any changes that could affect your medical stability. You understand that there shall be no liability on the practitioner's part should you forget to do so. At times, your medical stability may be increased by reducing your medication. Your LENS practitioner will ask you to consult your physician in these instances.

(over please)

**Discontinuing the LENS:** You may discontinue using the LENS at any time for any reason. Should you wish to discontinue the LENS sessions, please inform your LENS technician. He/she will cooperate and provide copies of any records for another health professional as you direct.

**Privacy:** Your records are private to the fullest extent of the law; that is, except in the cases of potential harm to yourself or others, or in criminal proceedings and with a court order.

**Disclaimer:** Tracy Wise is not a doctor; he does not diagnose, prescribe or practice medicine of any kind.

*Because people are individuals, success with the LENS is best predicted with a complete evaluation and the development of a neurofeedback plan for somatic re-education. As with any procedure, there can be no guarantee of success in any particular instance. You are therefore invited to consent to experience the LENS on the basis of this information. Before you give your consent, we want you to ask as many questions as are necessary for you to understand this process. Please continue to express your questions, observations, and concerns at any time during the LENS process.*

**Consent:**

***I have been informed of the effects, side effects and benefits of the LENS. I give my consent to participate in it.***

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Client Name

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Date

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Tracy Wise, LPC

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Date