

RADIANT ENERGY HEALTH & WHOLENESS
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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.

The instrument utilized in the training sessions is called the QUEST9 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 re-education 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.

CONFIDENTIALITY

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.

CONSENT

I am not licensed as a physician, psychologist or chiropractor, and I cannot and will not diagnose, treat, cure, mitigate or prevent any medical or psychological disease, disorder or condition.

1. I fully understand that the attending specialist is not an allopathic doctor (MD) but is a nutritional, wellness consultant and Biofeedback Specialist.
2. I fully understand the difference between the practice of allopathic medicine, nutritional wellness consulting, Biofeedback.
3. I fully understand that the services provided by the attending specialist are not allopathic, but are nutritional, behavioral, or biofeedback in nature.

4. I fully understand that the attending specialist perform her series within the parameters of a natural health and wellness system using biofeedback and stress reduction.
5. I fully understand that the attending specialist does not offer allopathic, drugs, surgery or chemical stimulants and radiation therapy.
6. I have solicited the attending biofeedback specialists 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.
7. If I desire any services not provided by the attending biofeedback specialists, which is my prerogative, I fully understand that I should seek them elsewhere.
8. I presently seek counsel, advice, opinions, biofeedback or points of view and/or programs with the scope of the attending specialists' wellness and stress reduction practice.
9. I fully understand that the services provided by the attending specialist are not generally accepted and/or recommended by allopathic doctors or other conventional health professionals.
10. I hereby release the biofeedback specialist to do biofeedback assessments, measurements and balancing on me.

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. For the diagnosis and treatment of any disease, consul a licensed allopathic physician.

Client's Signature

Client's Name

Date

FOR PARENTS/GUARDIANS OF MINOR CLIENT

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/Guardian's Signature

Minor's Name

Date