



This informed consent document applies to any services rendered by Maryann Piirto, LPC, BCN, including the following: QEEG, Neurofeedback, LENS, psychotherapy, zyto scan, molecular hydrogen therapy, vielight photo biomodulation, alpha stim or HRV.

Before commencing treatment, I have considered the potential benefits and risks involved in the treatments listed in Maryann’s ‘Informed Consent to Treatment’ document and I have obtained whatever additional input and/or professional advice I deemed necessary or appropriate. **I understand that there are no guaranteed outcomes and that I can stop treatment at any time.**

I also understand the policies regarding payment for services, late cancellation fees, and equipment rentals from Maryann Piirto, LPC, BCN.

I, (printed name of client or representative) _____, have read and understand the foregoing 'Informed Consent for Treatment' and I have clarified any uncertainties before signing.

I hereby release Maryann Piirto, her sources of supervision and anyone she supervises from any liability related to my treatment, and agree to hold her, her sources of supervision and anyone she supervises harmless from any effects caused directly or indirectly from the above listed services.

I agree to settle any claims or disputes as required in the ‘Informed Consent to Treatment’ document. My signature below serves as my consent for treatment from Maryann Piirto, LPC, BCN.

I acknowledge and agree that I have received a copy of the Notice of Privacy Practices (HIPAA).

Client’s Signature (or Patient’s Legal Representative)

Date

Print name of Client or Legal Representative (if applicable)

Date

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_____ made the following good faith efforts to obtain the above referenced individual’s written acknowledgment of receipt of the Notice of Privacy Practices:

- The Notice of Privacy Practices has been provided to this patient at the time of his/her initial appointment, or if this party is an existing patient, at the first office visit on or after January 12, 2019. At the time the Notice of Privacy was provided, this signature page accompanied the document. The patient discussed any issues/questions with the therapist prior to the signing of this document.

Therapist’s Signature