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## **INFORMED CONSENT FOR BIOFEEDBACK TRAINING**

### **MY BACKGROUND**

I current have over a year of hands on practical use of the INDIGO biofeedback system, including 30+ hours of private training from a local practitioner. And I attend 1 to 2 continuing educational seminars each year. Currently I am pursuing my certification as a Biofeedback Technician to be followed by a Biofeedback Specialist Certification. I also offer hands-on energy work. All are non-invasive methods geared toward total relaxation. My goal is to coach clients to manage and/or reduce the amount of daily stress in their lives to improve their own health and wellbeing.

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.

### **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 INDIGO 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.

**CONSENT**

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.

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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.

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Parent/Guardian's Signature

Minor's Name

Date