Flatland CENTER FOR BRAIN LLC

NeuroField Informed Consent

The NeuroField X3000 Plus is a pulsed electromagnetic field (pEMF) stimulation device that is designed to reduce stress and relax the human body. The X3000 Plus has been registered with the FDA as a 510K exempt medical device. The X3000 Plus has undergone electrical safety testing with Underwriter Laboratories (UL) and has met the 60601 safety standard as a medical device. Preliminary studies show that pEMF is effective in reducing the symptoms of depression, anxiety, ADHD, TBI and Parkinson's disease. However, I understand that more research is needed to substantiate and validate these observations.

I understand that all protocols and services associated with the NeuroField X3000 Plus are considered experimental. At this time Rhonda Osborne of Flatland Center for Brain, LLC is not aware of any negative consequences from the use of the NeuroField. Should Rhonda Osborne of Heartland Counseling becomes aware of any negative treatment effects you will be notified immediately and given options regarding your treatment.

It has been documented that NeuroField can cause insomnia, fatigue and sleepiness, but this has been observed in a very small population. If these side effects occur I understand that I am to inform Rhonda Osborne so that modifications can be made to my treatment in order to reduce or eliminate these issues.

I have solicited Rhonda Osborne of Flatland Center for Brain, LLC 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. I am requesting that Rhonda Osborne provide me with NeuroField pEMF treatment. Since the pEMF field is emerging and developing, I allow Rhonda Osborne to release information associated with my health care issues, diagnosis, and treatment outcomes associated with NeuroField treatment with other NeuroField providers. I understand that the released information will be used for research and development of pEMF technology. I understand that my personal information that would allow me to be identified will not be released, but that only my gender, age, ethnicity and primary complaints will be disclosed. I understand that I have the right to refuse NeuroField treatment at any time. I understand that I can refuse to release any of my information without prejudice from Rhonda Osborne as I have the right to confidentiality.

By signing below, I acknowledge that I have read, understand and agree to all parts of this consent.

Patient or Guardian **Date**

Rhonda G. Osborne, LIMHP, LPC, CACIII **Date**