

Data Usage Consent Form

I _____ am receiving QEEG and / or neurofeedback services from _____. In the course of these services, recordings of my electroencephalogram (EEG) will be taken. I hereby give permission to give this data to BrainMaster Technologies Inc. (BrainMaster) for quality control purposes and product development. I understand that my data will be used in an unidentifiable manner and that the only information passed from my Clinician to BrainMaster will be the EEG recording, Age, Gender, Status, and Medications.

For further question about your data usage you may contact BrainMaster directly at 1-440-232-6000.

Printed Name of Participant

Signature of Participant or Child's Signature if this form is used to obtain assent

Date _____

If Participant is a minor or legally incompetent adult,

Printed Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian signature

Date _____

Relationship to Participant _____

Printed Name of Practitioner

Signature of Practitioner

Date _____