

Sterlingworth Center
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Informed Consent for Quantitative EEG (QEEG) Recording

1. I understand that the recording of EEG requires the placement of a cap or surface sensors on my scalp for the purpose of recording my EEG.
2. I have had the QEEG described to me, and any questions I had regarding the procedure answered to my satisfaction.
3. I understand that while there are few risks associated with this procedure, there is a remote possibility of skin irritation from the sensor gel/cream/paste that is used to clean the surface of the scalp and attach sensors, and, therefore, my scalp should be washed within a short period of time after the procedure. Specifically, some abrasion of scalp electrode sites is necessary to insure adequate measurement of brain electrical activity. This does not involve penetration of skin.
4. I understand that my QEEG results will not be used for making a medical diagnosis, unless, with my permission, the results are sent to a physician of my choice for such a diagnosis.
5. I understand that my QEEG results are to be used only for one or both of the following:
 - a) for use in planning details of neurotherapy treatment
 - b) as part of a broader neuropsychological evaluation completed by Dr. Evans, another qualified mental health professional, or of a neurological evaluation completed by a neurologist
6. I understand that the QEEG procedure is not a traditional EEG procedure, and is not a substitute for such.
7. I understand that the QEEG is not a substitute for any thorough neuropsychological, psychological, educational, psychiatric, neurological or other medical evaluation which I may need.

Client's Signature: _____ **Date:** _____

Parent/Guardian's Signature: _____ **Date:** _____

(If client is a Minor) - I have discussed and explained the above information with the client