

**Brad Oostindie, MA, LLP**  
**Ready to Focus & Ready to Comprehend Programs**  
**800 Ellis Road**  
**Suite 509**  
**Norton Shores, MI 49441**

**Consent for Treatment**

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Consent for Emails: I authorize the Ready to Focus & Ready to Comprehend programs to email me program updates, general program information, and any invoice/receipts.

YES                      NO

**Consent for Treatment:**

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them immediately. When you sign this document, it will represent an agreement between us.

The practice of psychology is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you bring forward. There are many different methods I may use to deal with the problems that you hope to address, the primary of which will be neuropsychological testing and the use of

biofeedback/neurofeedback. The testing and evaluation component of my practice is called Ready to Comprehend. The biofeedback/neurofeedback component is called Ready to Focus. At times I may also utilize traditional therapy methods such as supportive and cognitive/behavioral counseling to help you reach your goals.

The testing and evaluation procedures I use in my practice (Ready to Comprehend) are all procedures I am trained in and in which I have a high degree of experience and expertise. Prior to the evaluation and after the evaluation I will explain each testing procedure, the benefits of performing such procedure, and the results of the procedure so that you fully understand. Typically, I will also write a full and detailed report explaining the results for you, as well as for others who might benefit from understanding the results (teachers, caregivers, etc...). I provide one report copy to you, and it is your right and responsibility to get a copy of the report to anyone you would like. I also review testing results and receive consultation from another State of Michigan psychologist (Clifton Burrows, Ed.D.) on all testing procedures to ensure the highest quality of service.

The use of biofeedback and neurofeedback is my primary focus of intervention. Biofeedback/neurofeedback has been around since the early 1960's (about as long as traditional therapy techniques and most psychotropic medications) and is used all over the world. Most research puts its success rate at 80% in treating issues related to focus and attention, anxiety and stress, and many other conditions. Recent advances in technology have now allowed this next-generation of behavioral healthcare treatment to be utilized by the treatment provider in the outpatient setting. I provide a link to research papers on my website so that you can review the papers yourself, as well as learn more about this intervention if you are unfamiliar with it. The use of neurofeedback/biofeedback in the manner that I utilize it is widely seen as safe, without adverse side effects, and as previously mentioned very successful. That is why I utilize it as primary intervention. If it were not safe or effective, I would not use it.

Prior to beginning either program (Ready to Comprehend or Ready to Focus) I encourage you to realistically evaluate your capacity to participate. Both programs (especially the Ready to Focus) require time, financial, and personal investment.

Regarding insurance billing - I do not bill insurance companies directly for the services provided to you. In my experience and opinion, one cannot rely on his or her health insurance plan to

provide the best direction for behavioral healthcare treatment. In the past I have partnered with insurance companies for direct billing, and I did not find them to satisfactorily meet the standards of authorizing the best care and I did not like the manner in which they dictated the treatment plan. I continue to re-evaluate this position periodically based on current healthcare industry standards.

Many insurance companies deny behavioral healthcare claims for the following reasons;

1. They claim school should provide testing and evaluation procedures.
2. They prefer that testing and evaluation procedures be completed by checklist and diagnostic interview only (lack of neuropsychological testing procedures covered).
3. They indicate that treatment should consist primary of psychotropic medication interventions, or very short term behavioral counseling interventions in order to be a covered benefit.
4. Lastly, treatment providers need to disclose a tremendous amount of information to the insurance company in order for the treatment to be covered (lack of confidentiality).

I have successfully utilized the following in terms of my billing arrangement with clients:

1. I will personally discuss evaluation and treatment costs with each client prior to beginning treatment. There will be no surprises in terms of treatment costs.
2. The costs for treatment are significantly less than the going rate, because I do not need to inflate charges for insurance company write-downs.
3. I will arrange a payment method and time table that make sense for you.
4. I will provide you a “courtesy bill” once payment is made. This bill contains all the information you need to submit to your insurance company for reimbursement (dates, procedure codes, license information, etc...). Many of my clients have utilized this with success.
5. In the unlikely event that we are completely unable to develop a financial plan to cover the cost of my services, and you desire to utilize your health insurance plan to receive behavioral healthcare services, I will personally work with you in making a referral to a covered provider.

This document serves to outline for you the type of practice I provide, services available, and the cost of treatment. By signing below you are consenting for treatment.

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Signature

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Date