



ADVANCED HEALTH & PERFORMANCE INSTITUTE

DR. PHILLIPS/WINDERMERE OFFICE
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SERVICE CONTRACT

Thank you for choosing us as your Neurofeedback provider. As part of this service we require our clients to book and pay for appointments in advance to secure their spot for the duration of the training. These appointment times are critical in that the repetition of training the brain cannot be interrupted.

The brainmapping we provide is not intended to diagnose any disorder and is used solely for the purpose of statistical analysis to guide Neurofeedback training. Neurofeedback itself is not intended to treat or cure any disease. It is used to balance the brain back into statistically deemed norms that have been established by years of research in multiple fields.

I understand that AHPI is not treating any disease or diagnosed condition I or my child may have.

INITIAL _____

We have a no refund policy here at AHPI. If for any reason you choose to discontinue your training we do offer a transfer option. The balance may be used towards another brainmap analysis or for training sessions but not for the purchase of any other service or product AHPI carries.

I understand the no refund policy.

INITIAL _____

Because every individual is different, we cannot guarantee that Neurofeedback will have the desired effect you seek. Some brains do not respond to Neurofeedback while others are very accepting of the conditions we ask for it to perform during training. There is no way to predict this with current technology.

I understand that AHPI does not guarantee outcomes from Neurofeedback training.

INITIAL _____

Appointment times are held to very strict standards since we constantly have back to back appointments throughout the day. We have 2 (two) training rooms to accommodate demands but cannot extend your appointment time due to late arrivals. Should you miss your appointment time we will do our best to maximize the time we have but cannot guarantee a complete session should you arrive more than 5 min late to your appointment. This appointment will be billed in its entirety. We will also charge you for a missed appointment if we do not receive 24 hour notice and are unable to reschedule that visit within 5 (Five) business days.

I understand the appointment policy.

INITIAL _____

PLEASE FILL OUT SIGN AND DATE THIS FORM BEFORE YOUR FIRST APPOINTMENT

SIGNED _____ PRINTED NAME _____ DATE _____

