

## Consent to MeRT<sup>SM</sup> Treatment

I have discussed my present condition and the various ways it may be treated with My brain Treatment Centre Australia Clinician, Dr \_\_\_\_\_.

There are risks involved in any procedure or treatment. It is not possible to guarantee or give assurance of a successful result. It is important that you clearly understand and agree to the planned treatment.

The Clinician and I have agreed on the following method of management **“MeRT<sup>SM</sup> Treatment”**. *I authorise the above-named clinician and other nominated BTC clinicians, and BTC Australia Neurotechnicians to perform Magnetic e-resonance therapy treatment (MeRT<sup>SM</sup>).*

MeRT<sup>SM</sup> Treatment is a non-invasive therapy using electromagnetic stimulation. The magnetic field produced by the procedure induces changes in electrical current where it is applied.

The Clinician has discussed with me the following:

**Initial**

• The nature and purpose of the treatment.	
• Additional methods of management that may be necessary if something unexpected happens.	
• The risks, complications and injury that may occur, from unknown and unknow causes, and assume these risks.	
• That the outcome of a method of medical management can never be absolutely guaranteed, even though it is carried out with due professional care.	

As a result of these discussions:

**initial**

• I understand the nature and purpose of the treatment.	
• I understand that undergoing the method of treatment carries risks.	
• I have had the opportunity to ask questions and have been satisfied with the explanations and answers.	
• I have discussed alternatives to this method of treatment and have chosen to proceed with this method.	
• I understand that my results will be used for diagnostic and treatment purposes. I understand that it will be kept and may be used for ethically approved research, education and laboratory quality procedures.	

**initial**

<b>GENERAL RISKS AND COMPLICATIONS:</b> I am satisfied with my understanding of the more common risks and complications of MeRT <sup>SM</sup> Treatment which are described below.	
<b>SPECIFIC RISKS AND COMPLICATIONS:</b> I am satisfied with my understanding of specific risks of MeRT <sup>SM</sup> treatment including slight redness or irritation in the areas where the paddle is placed including where the electrodes are placed, and possible allergic reaction to the qEEG gel and paste.	
<b>SECOND OPINION:</b> I have been offered the opportunity to seek a second opinion concerning MeRT <sup>SM</sup> Treatment.	

**initial**

Brain Treatment Centre Australia executes a seizure protocol for any clients with a history of seizures. Therefore, an output intensity of 42% will not be exceeded when administering MeRT <sup>SM</sup> treatment. The upper threshold of 42% output intensity for clients with a history of seizure is a safety measure.	
Sudden unexpected Death in epilepsy (SUDEP) occur most frequently during or immediately after a seizure. Risk factors for this include early onset seizures (young age), non-compliant medication management, chronic epilepsy or seizure disorder, and history of alcohol consumption.	
A client may be temporarily or permanently paralysed, may become hypoxic, and may suffer subsequent irreversible neurological injury as a result of seizure.	
Clients with a history of seizures may experience seizures over the course of MeRT <sup>SM</sup> treatment unrelated to the parameters of MeRT <sup>SM</sup> treatment stimulation.	
Have you previously been diagnosed with Bipolar disorder?      Y/N	
I confirm that I am not pregnant or breastfeeding, and do not expect to become pregnant during MeRT <sup>SM</sup> treatment.	

I, \_\_\_\_\_ (person giving consent)

Consent to \_\_\_\_\_ (myself or name of client)

Undergoing the management and treatment of MeRT<sup>SM</sup> therapy set out above. I have read and been given a copy of this form.

**Signed** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Clinician:** \_\_\_\_\_ **Date:** \_\_\_\_\_