

## PEER Report Informed Consent

The selection of the best medication for your psychiatric condition is based upon medical/psychiatric assessment. One tool that may aid your physician or other prescribing provider(s) in choosing precise medications that have the best probability for successful treatment of patient's symptoms is PEER Report. This newly developed database is based on statistical outcomes of different medication trials on other patients with similar electrophysiology in their electroencephalograms (EEGs).

### Indicate below if you have:

- Any History of TBI or Concussion
- Any History of Seizure or Epilepsy
- TBI, Concussion, Seizure, or Epilepsy History Unknown

### For cases when discontinuation of medication is required:

- In some cases, a physician may prefer to conduct a PEER Report when patients are free of certain medications in their system, as certain classes of medications may have an effect on the EEGs. If you are one of the few cases, your physician will discuss the advisability of discontinuing any medications prior to the test and will review any potential benefits and risks of doing. Tapering off any medication(s) may have associated risks, including but not limited to: worsening of mood and psychiatric symptoms, feeling suicidal, symptoms of medication discontinuation (e.g. dizziness, dry mouth, difficulty sleeping, nausea, nervousness, sweating, loss of appetite, diarrhea, sleepiness, and sensory shock-like electrical sensations, or other psychological distress). You acknowledge that the benefits and risks of medication tapering options have been discussed with you.

Initials:\_\_\_\_\_

- *It is important that you have support from friends and family members who are aware of your medical condition during this period of time. You warrant that you have established a safe and supportive environment during this period of time, including knowing that you should go to a hospital emergency room if your safety or if the safety of others is in jeopardy. It has also been explained that this testing is not your only*

option and if the discomfort, risks, or mood problems is too are too great, you should return to your medications (with prior consultation of your medical provider) and forego this method of testing and treatment. Signing below affirms you will call to discuss this, if applicable, with your prescribing physician or clinical nurse specialist.

Initials:\_\_\_\_\_

- Between the conclusion of your EEG test and the time before the testing results are available for your follow-up appointment, you understand that you may return usage of medications you feel are helpful and you understand that you don't need to stay off your medications once the test has been performed.

Initials:\_\_\_\_\_

Some of the medication choices recommended by PEER Report may be off-label from their FDA approval, i.e. medications may be used for a different purpose than they were originally approved for by the Federal Drug Administration. Physicians, however, routinely use medications for non-FDA indications. Other medication choices may not be available in the United States nor been approved by the FDA, but every medication that the PEER Report suggests has psychiatric literature to support its use in a variety of conditions.

This approach to medication selection is under new and continuing research. Although the medication choices themselves have been approved and available, this test may suggest unique uses or combinations of these drugs and therefore may not follow standard prescribing practices or be familiar to all health care providers and physicians. Your use of these medications is entirely voluntary and *you are free to change your mind at any time and to discontinue their use without prejudice to your medical care*. You agree to discuss this with your prescribing physician or clinical nurse specialist and understand that other options are available.

When using medications in this manner, you understand it could result in unanticipated side effects. For example, using a drug traditionally used for cardiovascular purposes (such as high blood pressure) may lower blood pressure and pulse. While side effects are usually mild, *there is always a potential risk of more severe consequences*, ultimately including the possibility of death. Likewise, going off your current medication(s) for the testing can pose similar risks, as mentioned above in the paragraph on 'tapering'.

You hereby authorize the performance of medical and psychological services including computer-enhanced EEG. You agree to:

- Allow the data generated from your treatment to be used for research and training so long as identifying medical information is protected. As such, you approve the collection of data concerning your medical and psychological progress and the use of it for scientific, research, or publication purposes.

- Allow data concerning your EEG and medical and psychological progress to be incorporated into the PEER database maintained by MYND Analytics.

Because Mind Therapy Clinic also conducts research and training, there may be affiliates of Mind Therapy Clinic present to observe the testing procedures. You hereby release Mind Therapy Clinic from any liability relating to, and agree to hold Mind Therapy Clinic and its employees and independent contractors harmless from any effect caused directly or indirectly from diagnostic testing.

You agree to use the PEER Report as a tool to help assess which medications should be tried to treat your symptoms. You acknowledge:

- Mind Therapy Clinic has given you a satisfactory explanation of the procedure, its effects, side effects, risks and benefits.
- You have had an opportunity to discuss your concerns and ask questions about the procedure and that other options have been discussed.
- You have been informed that Dr. Mark Schiller, Medical Director of Mind Therapy Clinic acts as a consultant to MYND Analytics, the company that will be generating your PEER Report.

I have read the above and hereby acknowledge that I am familiar with the process. I feel fully informed of the nature and possible consequences of the procedures to be performed. I fully understand the terms and conditions of this consent.

\_\_\_\_\_  
**Patient Name**

\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
**Guardian Name (If Applicable)**

\_\_\_\_\_  
**Guardian Signature (If Applicable)**

\_\_\_\_\_  
**Witness Name**

\_\_\_\_\_  
**Witness Signature**

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