



Informed Consent for the Safe and Sound Protocol (SSP)

I understand that the Safe and Sound Protocol (SSP) is a listening therapy with potential to create meaningful, positive shifts in the autonomic nervous system, including in sensory, autonomic, physiological, emotional and cognitive domains. However, not warranty or guarantee of specific results has been made to me. Additionally, the risks and potential complications of SSP have been fully explained to me along with available alternative treatments and their benefits and risks. I agree to notify my provider of changes I experience during the SSP, so my provider can best support me.

I understand that a temporary increase in arousal or symptoms may occur. I agree to immediately notify my provider if I experience any of the following:

- Increased auditory or other sensory sensitivities.
- Ear discomfort, pressure or “ringing” in the ears
- Emotional dysregulation (changes in arousal)
- Gastrointestinal discomfort
- Fatigue
- Headache

I have had the opportunity to have my questions answered, understand the process for listening, and have access to the needed equipment. I understand that I may pause or discontinue listening at any time.

I understand that statements on Unyte-iLs’ website have not been evaluated by the FDA, and the products and services are not intended to diagnose, treat, cure, or prevent any disease. Unyte-iLs’ products are not medical devices or medical instruments.

I understand that I have the right to refuse treatment with the SSP. I consent to using the SSP and accept all associated risks.

Client Name: _____ Date: _____

Parent/Guardian Name (if minor): _____

Signature of Responsible Party: _____