NeuroLux International

Client Admission Handbook

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How this handbook works

This handbook is the information half of everything you will be asked to agree to. It explains our services, our policies, your rights, and your responsibilities in full.

The forms you sign are deliberately short — one page each. Each one names the chapter here that it is based on. Nothing has been hidden in the small print: the explanation lives here, in plain language, and you can read it before, during, or after signing.

A copy is at reception and on our website. Ask any member of our team if you would like your own copy, printed or by email.

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Part 1 — About NeuroLux International

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1. Welcome

Dear parent or guardian,

Thank you for choosing NeuroLux International. We are honoured to partner with you in supporting your child's development, health, learning, and well-being.

Our multidisciplinary team is committed to providing ethical, evidence-based, compassionate, and family-centred services in a safe and professional environment. Our team may include Clinical Psychologists, Behaviour Therapists, Speech and Language Therapists, Occupational Therapists, Physiotherapists, Special Educators, Psychiatrists, Consultants, and other healthcare professionals.

Please read this handbook before signing the acknowledgement form. If you have any questions, a member of our team will be pleased to help.

2. Your care at NeuroLux

NeuroLux International provides professional assessment, consultation, intervention, rehabilitation, counselling, training, and educational services for children, adolescents, and adults. Services may include:

- Behaviour Therapy (ABA and other evidence-based approaches)
- Clinical Psychology, psychological and cognitive assessment
- Speech and Language Therapy
- Occupational Therapy
- Physiotherapy
- Developmental screening and autism assessment
- Parent training and social skills training
- School consultation and special education services
- Counselling and psychotherapy
- Group therapy programmes
- Telehealth services, where applicable

The services recommended for your child depend on clinical evaluation and professional judgment. Some assessments, procedures, recordings, or research activities need their own separate consent; we will always ask.

3. About us

NeuroLux International is a multidisciplinary healthcare centre dedicated to improving the lives of children, adolescents, adults, and families through compassionate, evidence-based, and individualized care.

Our team brings together professionals from multiple disciplines to provide comprehensive assessment, intervention, rehabilitation, education, and consultation under one roof. We believe every individual deserves the opportunity to learn, grow, communicate, participate, and achieve their fullest potential in an environment that values dignity, respect, and inclusion.

Rather than applying a one-size-fits-all approach, we develop individualized care plans based on thorough assessment, clinical expertise, current scientific evidence, and meaningful collaboration with families. Our services extend beyond therapy sessions: we aim to equip parents, caregivers, educators, and communities with the knowledge and support needed to create lasting change beyond the clinic.

4. Our mission

To provide compassionate, ethical, and evidence-based multidisciplinary healthcare that empowers individuals and families through personalized assessment, intervention, education, and collaboration, enabling every client to achieve their highest level of independence, participation, and quality of life.

5. Our vision

To become a leading centre of excellence in multidisciplinary healthcare, recognized nationally and internationally for clinical quality, innovation, research, education, and family-centred care — contributing to the advancement of healthcare, education, and community awareness within Pakistan and internationally.

6. Our core values

- Compassion — we approach every individual with kindness, empathy, and patience.
- Integrity — we act honestly, ethically, and transparently.
- Excellence — we pursue the highest standards through continuous learning and quality improvement.
- Respect — we value the dignity, individuality, cultural diversity, and rights of every person we serve.
- Collaboration — the best outcomes come from partnership between clients, families, clinicians, and educators.
- Innovation — we embrace new knowledge, emerging evidence, and creative solutions.
- Accountability — we take responsibility for our actions, decisions, and conduct.
- Evidence-based practice — our work is guided by research, clinical expertise, and each client's needs and preferences.

7. Our clinical philosophy

We believe every individual possesses unique strengths, abilities, and potential. Our role is not simply to address challenges but to help people build meaningful skills, increase independence, and participate more fully in everyday life. Five principles guide us: individualized care, evidence-based practice, family partnership, interdisciplinary collaboration, and continuous growth.

8. Our approach to care

No two clients receive identical treatment, because no two people have identical needs. Every service begins with understanding the individual, not merely the diagnosis. Our care pathway has six steps:

- Initial consultation — understanding your concerns and identifying the right services.
- Comprehensive assessment — standardized assessment, clinical interview, observation, and multidisciplinary evaluation where appropriate.
- Individualized treatment planning — measurable goals built from assessment findings and your family's priorities.
- Intervention — evidence-based therapy with continuous progress monitoring.
- Parent collaboration — practical strategies you can use beyond the therapy room.
- Review and progress monitoring — regular evaluation and adjustment of goals.

9. Our services

- Clinical Psychology — psychological assessment, diagnosis, counselling, psychotherapy, cognitive assessment, and mental health support.
- Behaviour Therapy (ABA) — individualized behaviour assessment and intervention to improve communication, learning, adaptive skills, and independence.
- Speech and Language Therapy — speech, language, social communication, fluency, voice, feeding, swallowing, and augmentative communication.
- Occupational Therapy — fine motor skills, sensory processing, self-care, handwriting, visual-motor integration, emotional regulation, and functional independence.
- Physiotherapy — posture, balance, mobility, coordination, strength, endurance, and gross motor development.
- Special Education and Learning Support — individualized educational planning, remedial instruction, classroom consultation, and school-readiness programmes.
- Parent Coaching and Family Training — education, practical strategies, home programmes, and collaborative problem-solving.
- Developmental and Diagnostic Assessments — standardized tools and multidisciplinary observation supporting diagnosis, planning, and progress monitoring.
- Professional Training and Workshops — for healthcare professionals, educators, caregivers, and organizations.

10. What to expect during your first visit

Visiting a new healthcare provider can feel overwhelming. We aim to make your first visit as welcoming and clear as possible.

Please bring, if available: previous medical or therapy reports, school reports or Individualized Education Plans, a current medication list, relevant assessment reports, any referral letters, and any registration forms sent to you in advance.

On arrival, our reception team will welcome you, confirm your registration details, review the required documentation, and answer administrative questions. Your clinician will then listen to your concerns, review relevant history, explain the assessment or therapy process, discuss goals, and answer your questions.

Afterwards, depending on the service, you may receive clinical feedback, recommendations, home strategies, an assessment report, therapy recommendations, or referrals to other professionals.

Part 2 — Your care in detail

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11. Voluntary participation

Participation in any service is completely voluntary. You have the right to accept or refuse any recommended service, ask questions at any time, seek a second opinion, and withdraw consent at any stage without pressure. Withdrawing from services may affect treatment outcomes and continuity of care, and we will always discuss this with you.

For clients under 18 years of age, consent must be given by a parent or legal guardian who confirms they hold the legal authority to consent to services on the child's behalf.

12. Clinical assessment

Before intervention begins we may carry out one or more assessments to understand your child's strengths, needs, developmental profile, communication, behaviour, emotional functioning, and adaptive skills. Assessment may include standardized tools, clinical observation, interviews, behavioural analysis, parent questionnaires, school reports, review of medical history, and — with separate consent — video analysis.

Assessment findings guide individualized intervention planning. An assessment describes your child at a point in time; findings may change with development and further information.

13. Treatment planning

Each client receives an individualized intervention plan based on assessment findings, clinical judgment, current scientific evidence, family priorities, and functional goals. Recommendations may change over time as your child progresses or as clinical needs change. We cannot guarantee specific outcomes or timeframes.

14. Benefits, risks and limitations

Potential benefits may include improved communication, better emotional regulation, enhanced adaptive functioning, increased independence, improved academic readiness, reduced challenging behaviours, enhanced social interaction, better quality of life, and increased caregiver confidence. Individual outcomes vary considerably.

Services may also involve certain risks:

- Emotional discomfort during assessment or therapy.
- A temporary increase in challenging behaviours during behavioural intervention.
- Fatigue during sessions.
- Frustration while learning new skills.
- Emotional reactions when discussing personal experiences.
- Lack of expected progress despite evidence-based intervention.

No healthcare professional can guarantee successful outcomes. Progress varies between individuals, and participation by parents and caregivers significantly influences results.

15. Multidisciplinary care

Your child may receive services from several professionals. Information relevant to treatment is shared among authorized members of the NeuroLux International clinical team solely to coordinate care.

16. Parent and caregiver participation

Parents and caregivers are essential to successful intervention. We ask you to provide accurate information, attend meetings when requested, follow recommended home programmes, tell clinicians about medical or medication changes, notify us of significant behavioural or emotional changes, and communicate respectfully with staff.

17. Communication

Clinical communication may happen in person, by telephone, by secure email, through clinic-approved messaging platforms, or through telehealth platforms. Electronic communication carries inherent privacy risks despite reasonable safeguards — see chapter 20.

Brief administrative questions can go through approved clinic channels. Clinical advice that needs professional judgment should be discussed during scheduled appointments, so it can be properly documented and given adequate time.

18. Professional boundaries

We maintain professional therapeutic relationships. Staff cannot accept expensive gifts, form personal relationships with clients, provide services outside professional boundaries, or communicate through personal social media accounts. Professional boundaries protect both clients and clinicians.

19. Evidence-based practice

We are committed to interventions supported by current scientific evidence and accepted professional guidelines. Treatment decisions are based on the best available research, clinical expertise, individual client needs, and family preferences where appropriate.

Part 3 — Our policies

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20. Confidentiality and privacy

Your child's information is among the most sensitive information we handle. This chapter explains what we hold, why, who can see it, how long we keep it, and how we protect it. The Confidentiality and Privacy Agreement (NI-POLICY-003) is the form you sign to confirm you have read it.

What we hold

- Identity and contact details for your child, for you, and for your emergency contacts.
- Clinical information — assessment results, therapy notes, goals, progress data, incident records, and correspondence about your child's care.
- Administrative information — attendance, appointments, fees, and payments.
- Media — photographs, video, and audio recordings, held only where you have consented (chapter 29).
- CCTV footage from designated areas of the clinic (chapter 28).
- If you use the NeuroLux parent app: your login, device information, and notification preferences.

We do not collect biometric data of any kind. No facial recognition, no voice identification, no behavioural biometric profiling — not now and not in the future. This is a permanent commitment, not a current setting.

Why we hold it

Every category of information we collect has a documented purpose and a documented retention period. We collect what is needed to assess and treat your child, coordinate care across our team, keep your child safe, meet our legal and professional obligations, and administer appointments and fees. We do not collect information because it might be useful one day.

Who can see it

- Your child's care team — the clinicians directly involved in assessment and treatment.
- Clinical supervisors, where supervision is directly related to your child's care.
- Administrative and reception staff, limited to what they need for scheduling, billing, and contact.
- Clinic management, for quality assurance, complaints, and safeguarding.

Access is role-based: staff see what their role requires and no more. Access to clinical records is logged. Other families never see your child's information. If your child appears in a group photograph that another family can see, that happens only where you have given cross-family visibility consent, and you can withdraw it at any time.

When we may share without your consent

Confidentiality has limits. We may disclose information without your consent only where:

- There is a risk of serious harm to your child or to another person.
- We suspect child abuse or neglect — we are obliged to act.
- We are required by law, or by a lawful court order.
- There is a medical emergency and disclosure is needed to protect health or life.
- Professional supervision or peer consultation is directly related to your child's care.

Where we lawfully can, we will tell you when this has happened and why.

Third parties

We will never sell your child's information. We will never use it for advertising, profiling, or commercial purposes, and we will never share it with third parties for their own purposes. Where we use service providers to operate the clinic and the parent app — for example hosting or messaging — they are bound by contract to confidentiality and may use the information only to provide that service to us. Sharing with a school, physician, or another professional happens only with your written authorization.

How we protect it

- Information is encrypted in transit and at rest.
- Access is restricted by role and logged for audit.
- Staff receive privacy training and sign confidentiality undertakings.
- Paper records are stored securely with restricted access.
- Media is stored in the clinical system, never on personal devices or personal accounts.

How long we keep it

- Clinical records and signed forms — retained for 7 years after the last service, in line with legal and professional requirements.
- Media — retained for 12 months unless you ask us to remove it sooner.
- CCTV footage — retained for a short period only, then deleted unless needed for an investigation or legal proceeding.

There is one exception: where the law requires us to keep a specific record — for example a formal incident or safeguarding record — we must keep it even if you ask us to delete it. Where that applies we will tell you, and the fact that we are holding it is recorded and auditable.

Electronic communication and the parent app

The NeuroLux parent app lets you see your child's schedule, daily updates, media you have consented to, and progress information. Access to clinical content opens only once you have signed the Confidentiality and Privacy Agreement. Email, SMS, and messaging platforms carry inherent privacy risks — messages can be seen on an unlocked phone, forwarded, or sent to the wrong number — and we ask you to keep your own devices secure.

Changes to this chapter

If we materially change how we handle your child's information, we will publish a new version and ask you to acknowledge it. The version you accepted is recorded.

21. Your data rights

These rights are yours, and exercising them will never affect your child's care.

1. You can see everything.

Everything we hold about your child is available to you — through the app, and as a full export on request at any time.

2. You can have it corrected.

If anything is inaccurate or incomplete, tell your child's care team and we will correct it promptly.

3. You can ask us to delete it.

We will delete your child's data on request, with the one narrow legal exception described in chapter 20 — and where that exception applies, we will tell you.

4. You control what is optional.

Consent for photographs, video, audio, and cross-family visibility is separate from your child's care, granular, and reversible at any time. Withdrawing consent does not undo what was already lawfully collected, but it stops new collection immediately.

5. You can change your mind.

Any consent you give can be revisited. Speak to reception, or change your media and visibility choices yourself in the parent app.

6. What we will never do.

We will never collect biometrics. We will never profile your child. We will never use your child's data for advertising or sell it to anyone.

To exercise any of these rights, speak to reception or write to privacy@neuroluxinternational.com.

22. Financial policy

The parent, legal guardian, or adult client accepts full responsibility for all fees, regardless of whether another person or organization has agreed to contribute. Fees may apply to initial consultation, assessment, therapy, parent training, school consultation, home programmes, reports and letters, meetings, telehealth, workshops, and reassessment. Current fees are available from reception, and we give reasonable notice before any revision.

- Assessment fees are payable before or on the day of assessment.
- Therapy fees follow the approved payment plan; monthly packages are paid in advance.
- Payment may be made by cash, bank transfer, card where available, or approved digital platforms. Official receipts are issued for all payments.

- Overdue balances may lead to reminders, temporary suspension of future appointments, or reports being withheld until cleared.
- Professional time already delivered is not ordinarily refundable; refunds are considered only in exceptional circumstances.
- Where a third party funds services, any unpaid balance remains your responsibility unless agreed otherwise in writing.

Preparation of reports, letters, certificates and other professional documentation may carry a fee unless it is included in your service package, and estimated completion times vary with workload and complexity.

If you are experiencing genuine financial hardship, please talk to clinic management as early as possible. Reasonable arrangements can often be made.

23. Attendance and cancellation

Therapy works best when sessions are attended consistently. Your appointment time is reserved exclusively for your child.

- Please arrive 5–10 minutes early to allow time for check-in.
- Arriving late may reduce session time; sessions generally end at the scheduled time so the next family is not delayed.
- Please give at least 24 hours' notice if you cannot attend.
- A cancellation with less than 24 hours' notice is a late cancellation and may be treated as a missed appointment.
- A missed appointment without notice may be counted as attended or charged in line with the fee schedule.
- No fee is charged when the clinic cancels; we will reschedule at the earliest convenient time.
- Repeated absences may affect your reserved appointment times.
- Appointment reminders are a courtesy — not receiving one does not remove the responsibility to attend.

Unforeseen events happen. Sudden illness, medical emergencies, hospitalization, serious family emergencies, severe weather or natural disasters, and other circumstances beyond your reasonable control are considered individually at the discretion of clinic management. Supporting documentation may be requested.

Holidays and planned leave.

Please tell us in advance about planned holidays or extended absences so we can manage the therapy schedule around them. Where possible we will discuss rescheduling or a temporary suspension of services, so your reserved appointment times are not affected by an absence you told us about.

24. Behaviour risk and safety

Some clients present behaviours that carry a risk of injury or disruption. Identifying them early is not about denying services — it is about planning properly so that everyone stays safe.

We ask you to tell us about behaviours such as physical aggression, self-injury, biting, hitting, kicking, pinching, scratching, throwing objects, property damage, elopement, unsafe climbing, head banging, hair pulling, spitting, severe distress, or verbal aggression — along with what tends to trigger them and what helps. We also ask about medical conditions that raise risk: epilepsy or seizures, cardiac conditions, severe allergies, respiratory disorders, mobility limitations, sensory impairments, and medication changes.

This information is recorded in your child's clinical record and reviewed with you, rather than re-collected on paper at every visit. Please keep it current.

In return, we will carry out appropriate risk assessment, develop individualized behaviour support strategies, use evidence-based and least restrictive approaches, supervise and train our staff, document significant incidents, and tell you about incidents affecting safety.

Where clinically appropriate, staff use verbal de-escalation, changes to the environment, redirection, reinforcement strategies, and other evidence-based behaviour support techniques to reduce risk. We do not use punitive, abusive,

humiliating, or degrading practices. Restrictive intervention is considered only where legally permissible, clinically justified, and necessary to prevent immediate harm. If a behavioural crisis presents serious risk, we may contact you immediately, end the session, request early collection, or contact emergency services.

Behavioural risk changes over time. We may review it whenever there is a significant change in behaviour, following a major incident, or as part of a periodic treatment review — and we will do that with you, not about you.

25. Medical emergencies

NeuroLux International is not a hospital or an emergency medical facility. Staff provide basic first aid within their training and competence.

In an emergency — seizures, loss of consciousness, difficulty breathing, severe allergic reaction, head injury, suspected fracture, choking, severe bleeding, burns, chest pain, cardiac or respiratory arrest, acute diabetic emergency, or any condition needing immediate attention — staff will assess the situation, provide first aid, call emergency medical services where necessary, contact you or your emergency contact as soon as possible, and arrange transport to the nearest appropriate facility if ambulance services are delayed and immediate care is needed.

Costs of ambulance, emergency treatment, hospitalization, investigations, or specialist care are your responsibility. Emergency incidents are documented in the clinical record and an incident report is shared with you where appropriate.

Staff do not routinely administer medication. Where medication is needed, separate written authorization is required and administration must be within the competence of the designated staff member. Please keep your emergency contact and medical details current — delays in updating them directly affect our ability to help.

Decisions taken during an emergency are made in good faith, on the information available at the time, using the reasonable professional judgment of the staff involved.

26. Personal care and hygiene

Where a child needs help with diaper changing, toileting, changing soiled clothing, cleaning after an accident, or handwashing, designated trained staff provide that assistance with the child's dignity, privacy, and comfort protected at all times.

- Care is given only when reasonably necessary, in a private designated area.
- Staff use gloves and appropriate infection-control procedures.
- Wherever operationally possible, a second staff member is present or immediately available.
- You will be told about any significant accident, skin concern, injury, or unusual observation.
- This does not authorize any medical procedure, treatment, or medicated cream.

Please supply diapers, wipes, creams, and spare clothing, and tell us about allergies, skin sensitivities, infections, or special instructions.

27. Opposite-gender therapists

Our clinical team includes qualified male and female professionals. Therapist assignment is based primarily on clinical expertise, experience, competence, availability, continuity of care, and your child's therapeutic needs — which sometimes means the most appropriate therapist is of the opposite gender.

Whatever their gender, every therapist is expected to maintain professional boundaries at all times, treat your child with dignity, respect and cultural sensitivity, follow applicable ethical and professional standards, maintain confidentiality, work in a safe therapeutic environment, and explain what they are about to do before they begin.

Some interventions, particularly in Occupational Therapy, Physiotherapy, Behaviour Therapy, and Speech and Language Therapy, involve limited physical guidance: assisting with posture or positioning, supporting balance, hand-over-hand guidance, sensory integration activities, motor facilitation, or oral-motor exercises. Any physical

contact is clinically justified, appropriate to the goal, respectful of dignity and privacy, limited to what is necessary, and explained beforehand wherever possible.

You are welcome to remain present during sessions, subject to clinical recommendations. Where appropriate, a second staff member may also be present. You may request a same-gender therapist at any time; we will make every reasonable effort to accommodate this, though availability cannot be guaranteed and starting services may be delayed.

28. CCTV

CCTV operates in designated areas to support safety, safeguarding, security, and accountability. Cameras may be installed at reception, in waiting areas, hallways, therapy gyms, group therapy rooms, activity areas, building entrances and exits, and outdoor entrances and parking.

Cameras are never installed in washrooms or toilets, changing rooms, nursing or breastfeeding rooms, staff restrooms, or any other area where recording would compromise personal privacy.

Recordings are not routinely reviewed. They may be used to review safety incidents, investigate complaints or allegations of misconduct, review accidents or injuries, support internal quality assurance, or assist law enforcement or regulators where legally required. Access is restricted to authorized personnel, and recordings are treated as confidential.

Recordings are stored securely for a limited retention period set by clinic policy, available storage capacity, and applicable legal requirements. Unless footage is needed for an investigation or legal proceeding, it is permanently deleted at the end of that period.

Because footage contains other children and families, you do not have an automatic right to obtain or view it. Requests are considered against privacy obligations and the rights of everyone else in the recording. CCTV is a security measure — it is not clinical documentation, and any recording for clinical, training, research, or educational purposes requires separate written consent.

29. Media, photography and video

Photographs, video, and audio can support clinical documentation, parent feedback, progress monitoring, supervision, staff training, education, and — where you agree — promotional material.

This is entirely optional. You choose purpose by purpose, and declining any or all of it will not affect the quality or availability of your child's care. You can change your answers at any time; changes apply to future recordings and future use, though material already lawfully published cannot always be recalled.

Media used for professional education or publication avoids revealing unnecessary personal information wherever possible. We will never sell or license your child's images or recordings. You can update your choices on the NI-CONSENT-006 form, at reception, or in the parent app.

We ask that you do not photograph or record other clients, families, staff, or therapy sessions involving other people. This protects every family's privacy, including yours.

30. Your rights and responsibilities

Your rights

- To be treated with courtesy, compassion, fairness, and respect, free from discrimination or harassment.
- To have your cultural, religious, and family values respected wherever reasonably possible.
- To receive services from appropriately qualified and supervised professionals in a safe, clean environment.
- To receive clear information about assessments, recommendations, and goals, and understandable answers to your questions.
- To participate in treatment planning and be told about significant changes to the plan.

- To have your family's information handled confidentially, and to be told the limits of confidentiality before services begin.
- To give or decline informed consent, and to withdraw consent for future services.
- To request copies of reports and records in line with clinic policy and law.
- To raise concerns or complaints without fear of retaliation, and to receive a timely, respectful response.

Your responsibilities

- Share complete and accurate medical, developmental, educational, and behavioural information, and tell us when it changes.
- Keep emergency contact details current.
- Attend appointments, arrive on time, and take part in parent meetings and training when recommended.
- Support home programmes and therapeutic recommendations.
- Communicate respectfully with staff, clients, and visitors.
- Meet your financial obligations and raise concerns early.
- Respect the confidentiality of other families, and do not record others without authorization.
- Supervise siblings and accompanying children on clinic premises, and follow safety procedures.

Verbal abuse, threats, physical aggression, harassment, discrimination, intimidation, and damage to clinic property are not acceptable. NeuroLux International reserves the right to act where safety is compromised.

In return, we commit to delivering compassionate, ethical, evidence-informed services, maintaining professional competence, protecting your privacy, treating every family with dignity, providing a safe and welcoming environment, and listening to your feedback.

Part 4 — Practical information

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31. Frequently asked questions

Can I stay with my child during therapy?

It depends on the service and the clinical goal. Sometimes active participation is encouraged; sometimes observing from outside gives a more accurate picture or supports independence. Your clinician will explain what suits your child.

How long is a session?

Most therapy sessions run 30–40 minutes. Assessments and multidisciplinary evaluations take longer.

How often will therapy be needed?

There is no standard schedule. Frequency is set after assessment, based on clinical need, goals, family priorities, and progress — and is adjusted as progress is reviewed.

Will my child improve?

Every individual responds differently. We provide evidence-based services delivered by qualified professionals, but no provider can guarantee specific outcomes or timeframes. Progress depends on needs, consistency of attendance, family involvement, home practice, and response to intervention.

Will I receive a written report?

Where applicable. Your clinician will tell you whether a report is included in your service or whether additional fees or processing time apply.

Can another family member bring my child?

Yes, provided they are authorized by you, know enough about your child's current situation, and can pass on important information. Some assessments and consent appointments require a parent or legal guardian.

What if I arrive late?

Late arrival may reduce therapy time. Sessions generally end at the scheduled time so the next family is not delayed.

What if I miss an appointment?
See chapter 23. Please give at least 24 hours' notice whenever possible.

How is my information protected?
See chapters 20 and 21. Information is shared only where clinically necessary, legally required, or authorized by you in writing.

Can I change my therapist?
Yes. Discuss it with clinic management. We will make every reasonable effort to accommodate your request, considering availability, continuity of care, and clinical appropriateness.

Can I speak with my therapist between appointments?
Brief administrative communication can go through approved clinic channels. Clinical advice is best discussed during scheduled appointments so it receives proper time and documentation.

How do I give feedback or make a complaint?
See chapter 32. We welcome both compliments and suggestions.

32. Feedback and complaints

We welcome compliments, suggestions, and complaints — they are how we improve. If you have a concern about any aspect of our services, please speak with your treating clinician or contact clinic management. Formal complaints are handled under the NeuroLux International Complaint Resolution Procedure, fairly, respectfully, and confidentially. Raising a concern will never affect your child's care.

33. The forms you will sign

Each form below is one page. Each names the chapter of this handbook it is based on. Some apply only to certain children — we will tell you which apply to yours.

Code	Document	Chapter
NI-HANDBOOK-001-ACK	Client Handbook Acknowledgement	1
NI-CONSENT-001	General Informed Consent for Services	2
NI-CONSENT-002	Assessment Consent	12
NI-CONSENT-003	Opposite-Gender Therapist Consent	27
NI-CONSENT-004	CCTV Recording Consent	28
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NI-POLICY-001	Financial Policy Agreement	22
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Document control

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1.0	11 August 2026	11 August 2027	Clinical Director