

Investor Relations:

Marty Tullio, Managing Partner
McCloud Communications, LLC
949.553.9748 (office); 949.632.1900 (cell)
marty@mccloudcommunications.com

Media Relations:

Joyce Johannson, Johannson Communications
612.927.4543 (office); 612.845.3080 (cell)
joyce@johannsoncommunications.com

New Study Indicates PEER Technology Reduces Trial and Error Therapy; Suicidality Rates Also Drop

Aliso Viejo, Calif., June 29, 2012 – CNS Response, Inc. (OTCBB: CNSO) today announced publication of a major study in which physicians using its PEER Report achieved better results for their patients than the current standard practice of trial and error medication selection. The data also showed a reduction of patient suicidality and lower health care costs.

The findings were published in the June 2012 issue of *Neuropsychiatric Disease and Treatment*, the journal of the International Neuropsychiatric Association (INA). The paper focused on 230 evaluable patients treated between 2003 and mid-2011 at an outpatient psychiatric clinic; most of the patients had failed at least two previous medication regimens. Among the findings:

- Of the patients needing medications, 87 percent achieved significant improvement when their treatment was guided by objective data provided through CNS Response's PEER Report;
- Surprisingly, 27 patients, or 11 percent, did not need any medications.
- In addition, suicidality occurrences (including thoughts of suicide or suicide attempts) decreased by 87 percent.

The important findings will help inform and guide military use of the PEER Report in a pending pilot program with Walter Reed National Military Medical Center.

According to Dan V. Iosifescu, M.D., a co-author of the paper and associate professor of psychiatry and neuroscience at Mount Sinai School of Medicine, New York, and a Harvard University faculty member, "Quantitative EEG methods such as the PEER Report hold promise to become effective tools, assisting clinicians in selecting the most appropriate

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antidepressant treatment for each patient. Such individualized treatment will increase antidepressant efficacy and minimize severe adverse effects, including suicidal ideation.”

In addition to Iosifescu, the paper was also co-authored by Charles DeBattista, M.D., Stanford University School of Medicine, Rob Valuck, Ph.D., University of Colorado Health Sciences Center, and Daniel Hoffman, M.D., CNS Response’s Chief Medical Officer.

The full paper, entitled, “Measuring Severe Adverse Events and Medication Selection Using a ‘PEER Report’ for Non-Psychotic Patients: A Retrospective Chart Review,” may be downloaded at no cost, and is available through the journal’s online site at <http://www.dovepress.com/measuring-severe-adverse-events-and-medication-selection-using-a-ldquo-peer-reviewed-article-NDT>.

About CNS Response

CNS Response provides reference data and analytic tools for clinicians and researchers in psychiatry. While treatment for mental disorders has doubled in the last 20 years, it is estimated that 17 million Americans have failed two or more medication therapies for their mental disorder. The company’s Psychiatric EEG Evaluation Registry, or PEER Online, is a new registry and reporting platform that allows medical professionals to exchange treatment outcome data for patients referenced to objective neurophysiology data obtained through a standard electroencephalogram (EEG). Based on the company’s original physician-developed database, there are now more than 34,000 outcomes for 8,700 unique patients in the PEER registry. The objective of PEER Online is to avoid trial and error pharmacotherapy, the dominant approach for treatment resistant patients.

To read more about the benefits of this patented technology for patients, physicians and payers, please visit www.cnsresponse.com. Medical professionals interested in learning more can contact CNS Response at PEERinfo@cnsresponse.com.

Safe Harbor Statement Under the Private Securities Litigation Reform Act of 1995

Except for the historical information contained herein, the matters discussed are forward-looking statements made pursuant to the safe harbor provisions of the Private Securities Litigation Reform Act of 1995, as amended. These forward-looking statements involve risks and uncertainties as set forth in the Company’s filings with the Securities and Exchange Commission. These risks and uncertainties could cause actual results to differ materially from any forward-looking statements made herein.

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