

Date: _____

Hyperbaric Therapy Consent Form

You are about to begin your first hyperbaric visit. This technology, known as mild hyperbaric, has been reported to have beneficial effects for a wide range of conditions, without negative side effects. Nevertheless, as with many treatments, there are areas of concern which you should be aware. It is important that you take a few minutes to read the following information.

OCT/C BAROTRAUMA: This is a condition of injury to the eardrum, and is extremely unlikely to occur in the mild hyperbaric chamber. However, severe ear discomfort can be caused if you cannot equalize the pressure in your ears. As the chamber is pressurized (at the beginning of your visit) and also as it is depressurized (at the end of your visit), you must be able to equalize the pressure in your ears to acclimate to the pressure changes. You do this by "popping" your ears. This is normal, and you can help the "popping" effect by yawning or swallowing. A more effective method is to hold your nose, close your mouth, and blow. Continue to do this each time you feel pressure build up in your ears. When the chamber reaches its full pressure, you will not have this concern. When the chamber is near completion of depressurization, you will again have no concern.

If one or both of your ears do not acclimate normally (by the "popping"), you will begin to experience discomfort in your ear canals. This can be caused by ear and/or throat congestion, or by prior trauma to the ears. You should not endure any ear discomfort during your visit. **IT IS THEREFORE CRITICAL THAT YOU COMMUNICATE ANY DISCOMFORT IMMEDIATELY TO THE ATTENDANT.** The attendant will immediately adjust the pressure, using the pressurization valve, back to a level of comfort for you, and slowly try again to see at what level of pressure you are able to equalize the pressure in your ears. If you are unable to equalize the pressure in your ears, the visit will be immediately discontinued and reevaluated.

PAIN FROM SINUS, HEAD COLDS OR VIRUS: You should not schedule a visit in the chamber if you are suffering from any of these conditions. Discomfort from these conditions is less frequent, but it may occur in people with chronic or acute sinus infections or allergic rhinitis. If you experience discomfort from any of these conditions during pressurization, you must communicate with the attendant immediately, and the treatment will be discontinued. Steps can then be recommended that will help alleviate the underlying condition before attempting another visit.

PULMONARY HYPEREXPANSION: This condition is very rare under mild hyperbaric treatments. However, to be overly cautious, holding your breath during decompression must be avoided as it could lead to expansion of the air in your lungs and damage to the lung tissues. In the highly unlikely event of an unexpected rapid decompression, it is critical that you exhale immediately.

Initial

In the unlikely event that the client has a dispute with The Hyperbaric Therapy Center, the client agrees that the dispute shall be settled by arbitration through the Better Business Bureau of Metropolitan Atlanta.

I _____ have read, fully understand and
(Print Name)
consent to Treatments in the mild hyperbaric chamber. I have also completed the health questionnaire which accompanies this consent form, and I agree to hold The Hyperbaric Therapy Center harmless from any blame I may associate with treatments in the mild hyperbaric chamber. _____
(Initials)

Although mild hyperbaric therapy has been reported to be beneficial for a wide range of conditions, this treatment is not meant as a cure for any conditions or disease, and no therapeutic outcomes can be guaranteed.

We do not in any way recommend Hyperbaric Therapy as a substitute for any medical treatments prescribed or suggested by any medical physician. We do not make any guarantees to any results that an individual may experience. We are NOT medical practitioners, and we do not accept insurance for any of our services.

Patient's Initials

.....

I have read and fully understand the above information.

Print Name

Date & Time

Signature

HEALTH CARE AUTHORIZATION FORM

Patient's Name _____

Patients Social Security No. _____ Date of Birth _____

THE PATIENT IDENTIFIED ABOVE AUTHORIZES THE HYPERBARIC THERAPY CENTER TO USE AND/OR DISCLOSE PROTECTED HEALTH INFORMATION IN ACCORDANCE WITH THE FOLLOWING:

SPECIFIC AUTHORIZATIONS

- I give permission to The Hyperbaric Therapy Center to use my address, phone number and clinical records to contact me with appointment reminders, missed appointment notification, birthday cards, holiday related information, about treatment alternative, or other health related information.
- If The Hyperbaric Therapy Center contacts me by phone, I give them permission to leave a phone message on my answering machine or voice mail.
- I give The Hyperbaric Therapy Center permission to treat me in an open room where other patients are also being treated. I am aware that other persons in the office may overhear some of my protected health information during the course of care. Should I need to speak with the doctor at any time in private, the doctor will provide a room for these conversations.
- By signing this form you are giving The Hyperbaric Therapy Center permission to use and disclose your protected health information in accordance with the directive listed above.

EXPIRATION

This Authorization shall expire on the following date: 12-31-2009

RIGHT TO REVOKE AUTHORIZATION

You have the right to revoke this AUTHORIZATION, writing, at any time. However, your written request to revoke this AUTHORIZATION is not effective to the extent that we have provided services or taken action in reliance on your authorization.

You may revoke this AUTHORIZATION by mailing or hand delivering a written notice to the Privacy Official of The Hyperbaric Therapy Center. The written notice must contain the following information:

- Your name, social security number and date of birth.
- A clear statement of your intent to revoke this AUTHORIZATION;
- The date of your request; and
- Your signature.

The revocation is not effective until it is received by the Privacy Official.

You have the right to refuse to sign this AUTHORIZATION. If you refuse to sign this AUTHORIZATION, The Hyperbaric Therapy Center will not refuse to provide treatment.

* A COPY OF THE SIGNED AUTHORIZATION WILL BE PROVIDED TO YOU UPON REQUEST. *

Print Name of Patient	_____
Signature of Patient	_____
Date	_____
Signature of Personal Representative	_____
Description of Representative's Authority to Act for Patient:	_____