

Mild Hyperbaric Therapy Consent Form

The technology, known as mild Hyperbaric Therapy (mHBT), 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 and fill out the following information. By signing this document I am aware of the contraindications and agree to use the therapy.

Check any of the following you are associated with:

____ **OTIC BAROTRAUMA (Ear Drum Injury).**

____ **EAR, SINUS AND/OR THROAT CONGESTION, HEAD COLDS, VIRUS OR PRIOR TRAUMA TO THE EARS**

____ **PULMONARY HYPEREXPANSION**

____ **MEDICATIONS**

____ **DIABETES/ INSULIN DEPENDANT**

____ **SEIZURES**

____ **PNEUMOTHORAX**

____ **COMPRESSIVE BRAIN LESIONS, SUBDURAL HEMATOMA, INTERCRANIAL HEMATOMA**

____ **PREGNANCY**

IF YOU ARE UNABLE TO EQUALIZE EAR PRESSURE AND EXPERIENCE PAIN IN ONE OR BOTH EARS, IT IS CRITICAL THAT YOU COMMUNICATE ANY DISCOMFORT IMMEDIATELY TO THE STAFF. This will give us the opportunity to make adjustments in the pressurization or depressurization process to eliminate discomfort. If you are unable to equalize the pressure in your ears the visit will be immediately terminated. If this happens or if pain persists beyond the visit, we recommend that you consult your physician to evaluate and alleviate the situation before attempting another visit.

: You may consider rescheduling your visit in the chamber if you are suffering from any of these conditions. Discomfort from these conditions is less frequent but may occur. **IF YOU ARE UNABLE TO EQUALIZE EAR PRESSURE AND EXPERIENCE PAIN IN ONE OR BOTH EARS, IT IS CRITICAL THAT YOU COMMUNICATE ANY DISCOMFORT IMMEDIATELY TO THE STAFF** so we can assist you or terminate your visit. We recommend you consult your physician in order to alleviate the underlying condition before attempting another visit.

DETOXIFYING OR CELL DIEOFF: mild Hyperbaric Therapy may assist the body to naturally detoxify and balance digestive flora. AN INDIVIDUAL MAY EXPERIENCE SOME DISCOMFORT FROM THIS PROCESS IN AS LITTLE AS 1 TO 36 HOURS AFTER TREATMENT. Symptoms may include; flu like symptoms, loss of appetite, stomach ach, constipation, diarrhea, headache, behavioral issues etc. Although unpleasant, this is a natural process

and continuing treatments may be of benefit to more rapidly accomplish a positive result. However **IF SYMPTOMS PERSIST, WE RECOMMEND CONSULTING YOUR PHYSICIAN TO EVALUATE AND ALLEVIATE THE SITUATION BEFORE ATTEMPTING ANOTHER VISIT.**

The undersigned hereby grants a Private License to Alliance Spine and Physical Medicine, to provide mild hyperbaric therapy to the undersigned. The undersigned acknowledges that Alliance Spine and Physical Medicine and its agents do not diagnose neither prescribe for medical or psychological conditions nor claim to prevent, treat, nor cure any condition. Its agents do not provide diagnosis, care, treatment or rehabilitation of individuals, nor does Alliance Spine and Physical Medicine or its agents apply medical, mental health or human development principles, but rather provides mild hyperbaric therapy technology that may benefit.

The undersigned acknowledges giving Informed Consent to the services that will be provided.

The undersigned hereby releases Alliance Spine and Physical Medicine, and its agents from all claims and liabilities arising from the use or misuse of hyperbaric therapy indemnifying and holding Institute and its agents harmless from all claims and liabilities where from, whatsoever. The Institute and its agents reserve all rights.

If buying a package to discount the cost of the therapy, I understand that if I don't finish the package I can receive the remainder of what was not used but I will be charged full for each therapy and not at the discount rate. The discount rate is only applied if all visits are used.

In the unlikely event that the client has a dispute with Alliance Spine and Physical Medicine, 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 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 office harmless from blame regarding hyperbaric therapy services provided by Alliance Spine and Physical Medicine.

Although mild hyperbaric therapy has been reported to be beneficial for a wide range of conditions, this therapy is not meant as a cure for any condition 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.

I have read and fully understand the above information

Signature

Date: //