

Hyperbaric Oxygen Therapy Consent Form

Patient Name: _____ Date: _____

CONTINUE ONLY IF:

- You are **not** currently prescribed or taking these medications:
 - Bleomycin, Disulfiram, Mafernade Acetate
- You do **not** have or suspect having:
 - Hereditary Spherocytosis, Sickle Cell Anemia, COPD

The technology, known as Hyperbaric Oxygen Therapy (HBOT), 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.

OTIC BAROTRAUMA: is a condition of injury to the eardrum, and is extremely unlikely to occur in the Hyperbaric chamber. However, severe ear discomfort can be caused if you cannot equalize the pressure in your ears. As the chamber is pressurized and depressurized in you must be able to equalize the pressure in your ears to acclimate to the pressure changes. You will most likely experience “popping” in your ears. This is normal. You can assist the equalization process by yawning, chewing, swallowing, working your jaw side to side and up and down, turning the head side to side and ear to shoulder. Sitting upright in the chamber during pressurization and depressurization will generally also make the equalization process more comfortable. In general, doing whatever assists you being comfortable when taking off and landing in a plane may be most effective for you. Continue to do this as needed for the duration of the pressurization and depressurization. When the chamber reaches full pressure and again when the chamber is completely deflated there should be no additional pressure in the ears. **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.

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

PULMONARY HYPEREXPANSION: This condition is very rare under 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.

MEDICATIONS: Hyperbaric Therapy may enhance the effectiveness or increase the metabolism (decrease the effectiveness) of any medications you are taking. **IT IS RECOMMENDED THAT YOU HAVE THE DOSAGE AND FREQUENCY OF ALL MEDICATIONS MONITORED AND ADJUSTED REGULARLY BY YOUR PHYSICIAN.**

PREGNANCY: HYPERBARIC THERAPY IS NOT ALLOWED DURING THE FIRST TRIMESTER. After this time, it may be beneficial to both mother and child. **INITIALS** _____

SEIZURES: Hyperbaric Therapy is not associated with causing or inducing seizures. **IF ANYONE GETTING IN THE CHAMBER IS SEIZURE PRONE, THE STAFF MUST BE MADE AWARE PRIOR TO THE FIRST VISIT.** If a seizure is experienced in our clinic, unless otherwise instructed (and a waiver is signed), our procedure is to call 911, remove the patient from the chamber and make the individual as comfortable as possible.

DETOXIFYING OR CELL DIEOFF: 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 ache, 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.**

PNEUMOTHORAX: Hyperbaric Therapy is contraindicated for an existing pneumothorax (collapsed lung). **IF YOU HAVE A PNEUMOTHORAX OR SUSPECT THAT A PNEUMOTHORAX IS AN ISSUE, YOU WILL NOT BE ALLOWED IN THE CHAMBER UNTIL YOU/WE RECEIVE A DOCTOR'S CLEARANCE.** If you have experienced a pneumothorax in the past and have already been "cleared from your doctor" to resume normal activity, once you have provided a written confirmation you should be able to proceed with Hyperbaric Therapy.

COMPRESSIVE BRAIN LESIONS – SUBDURAL HEMATOMA, INTERCRANIAL HEMATOMA: Hyperbaric Therapy is contraindicated for existing compressive brain lesions (subdural hematoma, intercranial hematoma). **IF YOU HAVE COMPRESSIVE BRAIN LESIONS OR SUSPECT THAT COMPRESSIVE BRAIN LESIONS ARE AN ISSUE, YOU WILL NOT BE ALLOWED IN THE CHAMBER UNTIL YOU/WE RECEIVE A DOCTOR'S CLEARANCE.** If you have experienced compressive brain lesions in the past and have already been "cleared from the doctor" to resume normal activity, once you have provided a written confirmation you should be able to proceed with Hyperbaric Therapy.

DIABETES/INSULIN DEPENDENT: Insulin dependency may result in a drop in blood sugar while in the chamber. **IT IS CRITICAL THAT YOU IMMEDIATELY COMMUNICATE TO THE STAFF IF YOU EXPERIENCE OR ANTICIPATE AN EPISODE. YOUR TREATMENT WILL BE TERMINATED.** You are required to A) take a blood sugar reading prior to your treatment (if below 150, you must have a snack prior to treatment) and again after your treatment (if below 150, you must have a snack prior to leaving)
B) Take a protein bar and a juice box (or whatever you use if faced with a "drop" in the normal management of your condition) into the chamber with you.

SENSITIVITY TO CHEMICALS (MSC) / ODORS/ ALLERGY: Avoid wearing heavy colognes as the smells may linger in the chamber and have an adverse effect on another patient. **IF YOU EXPERIENCE ADVERSE SENSITIVITY OR HAVE ALLERGIES THAT MAY BECOME AGGRAVATED WHILE IN THE CHAMBER, LET THE STAFF KNOW PRIOR TO YOUR VISIT OR AS SOON AS POSSIBLE WHEN IN THE CHAMBER SO MEASURES CAN BE TAKEN TO ASSURE YOUR COMFORT OR IF YOUR VISIT NEEDS TO BE TERMINATED.** We recommend that you wear a charcoal mask or filter if it is known to assist your condition. If these sensitivities persist and you cannot exist comfortably in the chamber, you will need to consult your physician in order to alleviate the underlying condition before attempting another visit.

I have read and fully understand the above information.

Signature: _____ **Date:** _____

HIPAA NOTICE OF PRIVACY PRACTICE

General: The Health Insurance Portability and Accountability Act of 1996 (HIPAA), set rules that regulate how a person's personal health information can be disclosed to others.

Protected Health Information: This includes oral or recorded information created or received by the healthcare provider, health plan, employers, or others concerning physical or mental health provisions or payment for healthcare.

How your medical information will be used and disclosed: We will use your protected health information as part of patient care. For example, your protected health information may be used by the healthcare professional treating you, by the business office processing your payment for services rendered, or by our staff reviewing the quality and appropriateness of the care received.

We may also use and/or disclose your medical information:

- When required to determine our compliance with relevant laws
- For public health concerns, such as reportable infections, diseases and injuries
- In the course of certain judicial or administrative proceedings
- For law enforcement purposes and/or other specialized governmental functions
- To a coroner, medical examiner, or funeral director
- To prevent or lessen a serious threat to the health and safety of yourself and others
- As authorized by laws related to Workers Compensation programs
- To another provider to whom we refer you to for further care
- To family members or any other person you specify here:

Please Print _____ Initial _____

Your rights regarding your protected personally identifiable information include:

- The right to request restrictions on certain uses and disclosures
- The right to receive communication from us in a confidential manner
- The right to inspect and copy your medical information
- The right to request an amendment to your medical information
- The right to receive an accounting of the disclosure for up to six years prior to your request
- The right to request a copy of this notice
- The right to complain to Forward Health Solutions, PLLC and the U.S. Department of Health Human Services

Disclaimer: O2 Hyperbarics, PLLC strives to respect and maintain our patients' privacy. A new law with legal terms and unmanageable expectations will not suddenly make any healthcare facility perfect. We will continue to make every effort to provide the best quality healthcare to you and your family in a manner that protects your privacy. Further, we will never intentionally breach your confidence by disclosing **private** information without your consent. However, if you feel you have **serious** privacy issues or concerns, you may want to consider using another facility. It is impossible to soundproof our office or guarantee that someone will not overhear a conversation, see your name somewhere, or even meet you in our lobby.

Patient Name (Print): _____ Patient Signature: _____ Date: _____

PRIVATE LICENSE

The undersigned hereby grants O2 Hyperbarics to provide Hyperbaric therapy to the undersigned. The undersigned acknowledges that Forward Health Solutions does not claim to prevent, nor cure any condition by use of hyperbaric medicine.

The undersigned acknowledges giving informed Consent for HBOT. The undersigned hereby releases Forward Health Solutions from all claims and liabilities arising from the use or misuse of hyperbaric therapy indemnifying and holding Forward Health Solutions harmless from all claims and liabilities wherefrom, whatsoever.

In the unlikely event that the client has a dispute with O2 Hyperbarics, the client agrees that the dispute shall be settled by arbitration

I (print name) _____ have read and fully understand and consent to treatments in the Hyperbaric chamber.

Although 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. We do not accept insurance for our services.

Signature: _____ Date: _____

HEALTH INFORMATION AUTHORIZATION FORM

Patient Name: _____ Date of Birth: _____

THE PATIENT IDENTIFIED ABOVE AUTHORIZES O2 HYPERBARICS TO USE AND/OR DISCLOSE PROTECTED HEALTH INFORMATION IN ACCORDANCE WITH THE FOLLOWING:

SPECIFIC AUTHORIZATIONS

I give permission to O2 Hyperbarics to use my address, phone number and clinical records to contact me with appointment reminders, missed appointment notification, birthday cards, holiday related information, treatment alternatives, or other health related information.

Initial _____

I give permission to O2 Hyperbarics to leave a phone message on my answering machine or voicemail

Initial _____

I give permission to O2 Hyperbarics to provide hyperbaric therapy in an open room where other patients are also receiving hyperbaric therapy. 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 privately with the doctor at any time, the doctor will provide a room for these conversations.

Initial _____

Signature: _____ Date: _____

Provider's Comments:

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I certify that I have read and understood the above information to the best of my knowledge. The above questions have been accurately answered. I authorize the release of any medical information from my chart to any physician or physicians who may be involved in my medical treatment. **I understand it is my responsibility to update this information as needed. This includes changes in medical condition/diagnosis, medications, as well as personal and physician contact information.** I agree to be responsible for payment of all services rendered on mine or my dependents behalf.

Disclaimer: O2 Hyperbaric, LLC strives to respect and maintain our patients' privacy. A new law with legal terms and unmanageable expectations will not suddenly make any healthcare facility perfect. We will continue to make every effort to provide the best quality healthcare to you and your family in a manner that protects your privacy. However, if you feel you have **serious** privacy issues or concerns, you may want to consider using another facility. It is impossible to soundproof our office or guarantee that someone will not overhear a conversation, see your name somewhere, or even meet you in the lobby. NOTE: At times you will be with other clients in the treatment/therapy room.

I also understand that any and all packages are non-refundable, but transferable, and do not expire. NOTE: You get better results and it is more beneficial to use the entire package and clump the sessions together, rather than go weeks to months in between sessions.

Signature or patient (parent or guardian): _____ Date: _____

Provider's Comment: