



Sara's Garden

Hyperbaric Oxygen Therapy & Conductive Education Center

Informed Consent and Authorization for HBOT

I certify that I have been given instruction concerning the mechanism by which Hyperbaric Oxygen Therapy (HBOT) is administered and how it functions therapeutically. If I have not understood any portion, I have received clarification to my satisfaction by a Sara's Garden representative and/or staff member.

I acknowledge that Hyperbaric Oxygen Therapy is considered the primary therapy for several conditions such as anemia, diabetic ulcers and radionecrosis, and as such is generally accepted and recognized as effective in the medical community. Many consider its use investigational when used to treat certain illnesses, injuries and disorders which are deemed non-reimbursable by Medicaid, Medicare and/or insurance companies. These may include Autism, cerebral palsy, Lyme disease, multiple sclerosis, RSD, stroke, traumatic brain injury or other conditions for which there is a strong, compelling and published evidence of its effectiveness.

I have been informed of the potential side effects of HBOT, including but not limited to:

- Barotrauma to the ears and/or sinuses; otitis (Fluid in the ears) - I understand that I may feel mild discomfort in my ears and/or sinuses due to increased pressure and that techniques to alleviate this will be demonstrated by the Sara's Garden staff (similar to flying in an airplane).
- Pneumothorax, over pressurization - I understand that decompressions are slowly and carefully timed to prevent this from occurring and that I should breathe in a relaxed manner at all times and not hold my breath during decompression. Pneumothorax has never occurred at Sara's Garden.
- Confinement Anxiety (Claustrophobia) - I understand that I may feel slightly anxious due to this new and never before experienced treatment. Sara's Garden staff is skilled in techniques for overcoming anxiety.
- Oxygen Toxicity - This is a rare occurrence (6 out of 30,000 treatments) but protocols and staff training are implemented to prevent this risk.
- Temporary Visual Changes (Nearsightedness) - The need for reading glasses temporarily disappears but will rectify after about six weeks following treatment. Please refrain from scheduling routine eye examination and glasses replacement for at least six weeks after your last HBOT.
- Fire hazard - This is an extremely remote possibility, as pressurization is achieved with ambient air rather than oxygen. Vigilant staff education, strict protocols and state-of-the-art equipment greatly reduce the slightest opportunity for this risk.

I, with my signature, authorize this facility and any employee working under the direction of the physician and/or authorized staff to provide hyperbaric oxygen therapy to me, and/or to this client for whom I am the authorized and/or legal guardian. This therapy may include education, assessment, counseling and review of client physical and mental status as it pertains to the delivery of hyperbaric oxygen therapy.

By signing this consent form, I am in full agreement and satisfied with the information provided to me. I acknowledge that no guarantees have been made to me about the outcomes of this therapy.

Signature (Client or guardian)

Witness

Date

Signature (Support person/caregiver)