



## Informed Consent and Authorization For Hyperbaric Oxygen Therapy

Please read carefully before signing:

I certify that I have read and understood the HBOT Client Manual. 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 decompression, gas gangrene and carbon monoxide poisoning, and as such is generally accepted and recognized as effective in the medical community. Many physicians consider its use investigational when used to treat certain illnesses, injuries and disorders. These may include stroke, cerebral palsy, multiple sclerosis, Crohn's disease, Lyme disease or other conditions for which there is a strong, published evidence of its effectiveness.***

I am aware of the potential risks associated with HBOT, which may include para nasal sinus block, inability to equalize middle ear pressure (similar to experiencing pressure in an airplane flight), temporary and permanent visual changes, acceleration of growth in existing cataracts, confinement anxiety (claustrophobia), fire hazard, pulmonary barotrauma, oxygen toxicity and/or convulsion.

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.

I (DO) (DO NOT) give Sara's Garden permission to make/use photographs and/or video of this client and/or support person.

No representations have been made to me by representatives or any other person associated with Sara's Garden implying that treatments to which I hereby consent will produce any specific result or benefit.

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)