



Consent Agreement to Treatment

Please read and acknowledge each of the following statements by signing below.

- I understand that mild hyperbaric oxygen therapy is not intended to diagnose, treat, cure, or prevent disease. In addition, I recognize that while mild hyperbaric oxygen therapy may enhance healing, it does not replace a health professional's prescribed medications or recommended treatments. Health professionals prescribe mild hyperbaric oxygen therapy to address a wide variety of health issues; however, I acknowledge this therapy is only FDA approved for specific conditions.
- I understand that mild hyperbaric oxygen therapy uses an increase in atmospheric pressure in a sealed chamber to allow the body to absorb more oxygen (approximately 91%) at a cellular level to promote healing and wellness. I understand that the amount of atmospheric pressure used by Community Hyperbaric is 1.3 absolute atmospheres, or 4.4 psi.
- I understand that mild hyperbaric oxygen therapy is reported to be beneficial for a wide range of medical ailments, but no therapeutic outcomes can be guaranteed. I recognize that while the FDA recognizes specific conditions that directly benefit from mild hyperbaric oxygen therapy, there are many additional "off-label" conditions, which have been studied with positive results. As with any therapy, there are no guarantees as to any positive physical or emotional response, and the fees are for services rendered and not benefits received. I procure this therapy at my own risk. I understand that I may neither observe nor realize any benefit from the hyperbaric treatment. I understand that mild hyperbaric oxygen therapy is not a substitute for any medical treatment prescribed or suggested by my physician.
- I understand that as the chamber is pressurized and depressurized I may need to equalize the pressure in my ears to acclimate to the pressure changes and may experience "popping" in my ears. This is normal. **If I am unable to equalize ear pressure and experience pain in one or both ears, I will immediately communicate the discomfort, so adjustments may be made to eliminate discomfort.** If I am unable to equalize the pressure in my ears, the therapy session may be terminated or modified—therapy may be administered at a lower atmospheric pressure.
- I understand that I may experience minor ear, sinus, or other discomfort. I acknowledge that a Community Hyperbaric staff member is present to work with me to provide comfort in the event of any discomfort I may experience, but that the staff member may not be a trained health care worker. I understand that Community Hyperbaric is not a medical facility.
- I attest that I am a consenting adult over the age of 18 and that I agree to enter (and/or permit my child to enter) the mild hyperbaric chamber of my own free will. I am entering the chamber at my own risk and without the coercion or sales pressure from any associate or employee of Community Hyperbaric or Hardwick Chiropractic.

- I am not aware of any physical conditions of which I suffer or have that would or should preclude my undertaking this therapy. If I have any doubts, concerns, or questions, I will, prior to undertaking such therapy, see and obtain medical advice from a licensed physician. In addition, I understand that it is my sole responsibility to update Community Hyperbaric regarding any changes to my medical status or medications each time I receive treatment.

Acknowledgement of Policies

- I agree not to bring food or drink into the chamber. I understand that the exception to this rule is if I have diabetes, in which case I will bring an appropriate snack to each session in case my blood sugar drops during treatment. I also agree not to bring flammables into the chamber.
- I understand that it is important to have eaten food at least one hour prior to treatment.
- I understand that smoking and nicotine interfere with the benefits of mild hyperbaric oxygen therapy. Therefore, I agree to abstain from smoking or using a nicotine patch 2 hours prior to my appointment time

*By signing I attest to the fact that I have fully read, understood, and consented to this agreement in its entirety to treatment(s) in the mild hyperbaric chamber. I understand that by signing this I am assuming any and all risks associated with the administration of mild-pressure hyperbaric oxygen chamber therapy. I agree not to hold **Community Hyperbaric** or **Hardwick Chiropractic, Inc** liable for any harm I may associate with the treatment(s) in the mild hyperbaric chamber.*

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Print Name	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Authorized Provider Representative
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date	

Disclaimer—The content and information provided by Community Hyperbaric is for informational and educational purposes only and is not intended as medical advice. Please consult a physician before pursuing any form of medical treatment, including hyperbaric oxygen therapy. No claims are made as to the effectiveness of hyperbaric oxygen therapy in the treatment of specific conditions. Community Hyperbaric Oxygen Therapy makes no express or implied warranty regarding any health benefits that may be derived from the use of a hyperbaric chamber. A portable hyperbaric oxygen chamber is a Class II Medical Device, and as such its use or purchase requires a physician's prescription.