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## INFORMED CONSENT FOR HYPERBARIC OXYGEN THERAPY

I am executing this informed consent document (“informed consent”) to verify and confirm my discussion with Provider regarding the risks, benefits, and alternatives to treatment through Photobiomodulation, including Low Level Laser treatments.

**I understand that I am a participant in the decision-making process and I am free to decline services or treatments at any time, including after treatment or services have begun. I understand that I may revoke this consent at any time before or during treatment.**

I agree to bring to the attention of practice’s clinical staff, if, at any time, I have any lack of understanding of such risks, benefits and alternatives, and inquire of clinical staff for further explanation until I have a full understanding before giving consent to this specific treatment or procedure.

Hyperbaric Oxygen Therapy

### RISKS

I understand that, as with any health treatment, Hyperbaric Oxygen Therapy is not without risk. Potential risks of this treatment include, but are not limited to:

- **Otic Barotrauma:** This pain in the ears or sinuses is the most common side effect. If unable to equalize the ears or sinuses, the pressurization will be slowed or halted in order to remedy the situation.
- **Serous Otitis:** The accumulation of fluid in the ears may take place as a result of breathing high oxygen concentrations. This disappears at the end of the treatment and may be alleviated with decongestants.
- **Oxygen Toxicity:** Too much oxygen in your central nervous system could result in dangerous consequences such as seizures. This risk is less than one in 10,000 treatments.
- **Visual Changes:** Some patients, especially those over 40 years old, may experience blurring or myopia (near-sightedness) and presbyopia after 20 or more treatments. These vision changes are usually temporary.
- **Maturing or Ripening Cataracts:** Individuals with cataracts have occasionally had a maturing or ripening of this pre-existing condition.
- **Cerebral Air Embolism and Pneumothorax:** The possibility of rupturing the lungs with escape of air into the arteries or the chest cavity is present

due to the rapid increase in pressure. This can only occur if the normal passage of air out of the lungs is blocked during decompression. Slow decompressions are used in HBOT to prevent this possibility. It is also important for patients to breathe normally during treatment and not hold their breath.

- **Middle ear and inner ear injuries:** Increased air pressure may cause ear injuries such as leaking fluid and eardrum rupture.
- **Fatigue:** Some people report fatigue following hyperbaric oxygen therapy, but this is an inconsistent, subjective finding.
- **Risk of Fire:** The use of oxygen in any form presents an increased risk of fire, so patients must follow all precautions at HBOT facilities.

I understand that other side effects and risks may occur.

## BENEFITS

I understand the thought process behind why Provider has suggested this particular treatment. I understand that, in general, Hyperbaric Oxygen Therapy may provide benefits that include: Increased tissue oxygenation, achieving optimal cellular function, accelerated repair and enhanced regeneration of tissue. It has been studied and found to be helpful in anti-aging, cancer, autism, cerebral palsy, diabetes and other inflammatory and autoimmune conditions, sports, neurology (including strokes, dementia, concussions), and increases stem cells, though no particular outcome can be warranted or guaranteed.

## ALTERNATIVES

As alternatives, Provider encourages me to speak with and consider the advice of other providers, including conventional or mainstream physicians and providers. In addition to discussing other modes of therapy that may be used for the treatment of my condition, Provider and I have discussed, and I understand, the possibility of a referral to a specialist for my condition(s) if I have not already consulted with an appropriate specialist.

I also understand that one alternative to this treatment is to refuse this particular treatment and to seek alternative treatments with Provider or Practice, or to refuse this particular treatment without seeking alternatives with Provider, Practice, or any other providers.

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NOTE: Do not sign this form unless you have read it and feel that you understand it. Ask any questions you might have before signing this form. Do not sign this form if you have taken medications which may impair your mental abilities or if you feel rushed or under pressure.

By signing below, I acknowledge and certify that I have had opportunities to ask questions and have had them answered to my satisfaction; I have read and fully understand the foregoing Informed Consent, and I have all of the knowledge I currently desire; I have discussed the issues noted above with Provider; and I agree and accept all of the terms above. I am legally competent and have sufficient knowledge to give voluntary and informed consent.

**PATIENT**

**SIGNATURE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**TITLE (if legal representative or guardian):** \_\_\_\_\_

**DATE:** \_\_\_\_\_

I have explained this Informed Consent and answered all questions in layman's terms, and informed the patient of the available alternatives and of the potential risks. To the best of my knowledge, the patient has been adequately informed, comprehends the information, and has consented.

**PRACTICE**

**SIGNATURE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_