

# Washington Hyperbaric Therapy Center LLC

Phone 425-644-7999 Address: 2005 152<sup>nd</sup> Ave NE Redmond, WA 98052 [wahyperbarics@gmail.com](mailto:wahyperbarics@gmail.com)

## CONTACT INFORMATION FORM

<b>Client Name</b>	
<b>Date of Birth</b>	
<b>Diagnosis</b>	
<b>Patient's Address</b>	
<b>Home phone</b>	
<b>Mobile Phone</b>	
<b>Work Phone</b>	
<b>E-mail address</b>	
<b>Emergency Contact Name</b>	
<b>Emergency Contact Relationship to Patient</b>	
<b>Emergency Contact Address</b>	
<b>Emergency contact phone</b>	
<b>How did you hear about us?</b>	

# Washington Hyperbaric Therapy Center LLC

2005 152<sup>nd</sup> Ave NE, Redmond WA 98052 Phone 425-644-7999 Fax 425-456-0106

## INFORMED CONSENT FOR HYPERBARIC TREATMENT

1. I, \_\_\_\_\_ hereby authorize Washington Hyperbaric Therapy Center, LLC, or such assistants as he or she may designate, to treat me with hyperbaric oxygen therapy for the diagnosis of \_\_\_\_\_.

2. The procedures and reason(s) for it have been explained to me; including the risks and benefits of the procedure, the availability, and benefits of alternate modes of treatment, and the possibility of complications. I understand that I shall lie on a stretcher or sit in a hyperbaric chamber and breathe oxygen at greater than normal atmospheric pressure. I understand that each treatment will be for a prescribed amount of time and treatment may be terminated at any time.

3. I have also been made aware that possible risks and side effects of hyperbaric oxygenation include, but are not limited to:

- a. **Barotrauma or pain in the ears or sinuses** I may experience pain in the ears or sinuses, I also understand that if I am not able to equalize my ears or sinuses that pressurization will be slowed or halted and suitable remedies will be applied.
- b. **Cerebral Air Embolism and Pneumothorax** Whenever there is a rapid change in the ambient pressure there is a possibility of rupture of the lungs with escape of air into the arteries or into the chest cavities outside the lungs. This can only occur if the normal passage of air out of the lungs is blocked during decompression. Only slow decompressions are used in hyperbaric oxygen treatment to obviate this possibility.
- c. **Oxygen toxicity** The risk of oxygen toxicity has been explained to me and will be minimized by never exposing me to greater pressure or longer times than are known to be safe for the body and its organs.
- d. **Risk of fire** With the use of oxygen in any form there is always a risk of fire, but strict precautions have been taken to prevent this and all applicable codes have been complied with.
- e. **Risk of worsening of near-sightedness (Myopia)** After twenty or more treatments, especially if I am over forty, it is possible I may experience diminution in my ability to see things far away. I understand that this is usually temporary and that in the majority of patients, vision returns to its pre-treatment level six weeks after the cessation of therapy. I understand that it is not advisable to get a new prescription for my glasses until at least eight weeks have passed after hyperbaric therapy.
- f. **Maturing of Ripening Cataracts** In individuals with cataracts it has occasionally been demonstrated that there may be a maturing or ripening of the cataract.
- g. **Temporary Improvement in Far-sightedness (Presbyopia)** After twenty or more treatments, especially if I am over forty, there is a possibility that I may experience

an improvement in my ability to see things close by or to read without reading glasses. I understand that this is temporary and that in the majority of patients, vision returns to its pre-treatment level about six weeks after the cessation of therapy. I have been cautioned not to be fitted for new eyewear prescriptions for eight weeks after the end of my treatments.

- h. Numb fingers** A small portion of patients sometimes notice a numb feeling in the fourth and fifth fingers of the hands after twenty or more treatments. This should not be a concern and should disappear in about six weeks following cessation of therapy.
- i. Serous Otitis** Fluid in the ears sometimes accumulates as a result of breathing high concentrations of oxygen. I may occasionally feel like I have a "pillow in my ear". This disappears after hyperbaric treatment ceases and often can be eased with decongestants.
- j. Fatigue** Some people may subjectively feel fatigue following hyperbaric treatment, but this is not a consistent feeling.

**4.** I hereby authorize Washington Hyperbaric therapy Center LLC. or their employees to take medical photographs for the purposes of teaching or publication. I also understand that I will not be identified by name and that my anonymity will be preserved in any presentation of publication.

**5.** I am aware that the practice of medicine and surgery is not an exact science and I have been made no promises or guarantees as to the results of hyperbaric oxygen therapy.

**6.** I have been informed by the staff of Washington Hyperbaric Therapy Center LLC. that smoking cigarettes , pipes, cigars, or any other form of tobacco, and the chewing of tobacco products, will result in the ingestion of chemicals into the body which may affect the efficacy and success of hyperbaric treatment. I have been specifically told not to smoke during the entire duration of treatment. I hereby agree to urine or blood testing for the presence of nicotine or carbon monoxide in my system.

**7.** I consent to the release of information and/or disclosure of any part of my medical record by any physicians, hospital, accreditation, oversight review or regulatory organization responsible for monitoring or evaluation of health facilities, as well as any other facility of which I have been a client.

**My signature below constitutes acknowledgement that I have read and agree to the foregoing and the physician has satisfactorily explained Hyperbaric Oxygen Therapy to me, and that I have all the information that I desire. I hereby understand that I am entering into hyperbaric treatment at my own risk. I hereby give my authorization and consent to the performance of hyperbaric oxygen therapy by Washington Hyperbaric Therapy Center LLC.**

\_\_\_\_\_  
Signature of Patient or Authorized Representative

Date

\_\_\_\_\_  
Witness to Signature

Date

## Scheduling HBOT Treatments

Dear \_\_\_\_\_

*Washington Hyperbaric Therapy Center LLC (WA HBOT) is happy to be your Hyperbaric Oxygen provider. To make your stay with us easier and more pleasant it is important to make certain you understand everything involving our policies and procedures. Please look at the items below, read them carefully, make certain you understand them, and then initial each one. If you have a question, call and we will try to answer it to your satisfaction. "I" means you and/or the person receiving HBOT.*

**Client/Patient means HBO patient. Support Person means client/patient's legal guardian who will go into chamber with client.**

**I understand** that the cost of a hood for oxygen is \$150.00 and is not included in the treatment price. I also understand that non-latex neck ring is more fragile and subject to tears and may need to be replaced more often. Fingernails and rough handling can cause damage to the neck rings as well as the vinyl hoods. In the event a replacement is needed for either, it will be my responsibility to pay for it. Washington Hyperbaric Therapy Center LLC. and its employees accept no responsibility for damage to Hood and Neck rings. Hoods are normally cleaned between sessions by employees as a special service to clients.

(Initial) \_\_\_\_\_

**I understand** I must provide forms and information in a timely manner to give WA HBOT time to review and assure I am confirmed for the schedule, at least one week prior to check in unless otherwise agreed upon by Washington Hyperbaric Therapy Center's scheduling director.

(Initial) \_\_\_\_\_

**IMPORTANT! I understand that all balances for the therapy are due and payable upon check-in. Therapy will not begin until all payments are made in full. Acceptable method of payment is Cash, Money Order, Visa/MC or Certified Check Payable to Washington Hyperbaric Therapy Center.**

(Initial) \_\_\_\_\_

**I understand** that if for any reason, I cannot do the sessions as planned and withdraw before completing the 3rd treatment a minimum fee of \$1,000 will be deducted from my total payment for treatments (excluding hood) and the balance will be refunded within 2 weeks from my departure. There will be no refund for hood if it has been used even one time. If hood has not been used but neck seal has been trimmed to size, hood fee will be refunded less \$50 for the neck seal.

(Initial) \_\_\_\_\_

**I understand** that anytime after the 3rd treatment, if I cannot finish the session and must leave for some reason, which is not the fault of Washington Hyperbaric Therapy Center LLC, the number of unused treatments will be credited for use at a later treatment date (WITHIN CURRENT CALENDAR YEAR ONLY), but there will be no refunds.

(Initial) \_\_\_\_\_

**I understand** as caretaker or client and/or as signer of this contract that Washington Hyperbaric Therapy Center LLC chamber cannot accommodate wheelchairs or gurneys, and that a non-ambulatory adult client is required to provide any/all physical needs for himself/herself, including transfers to and from the Center **and** transfers into and out of the hyperbaric chamber, and a caregiver in the chamber during treatments, without exception.

(Initial) \_\_\_\_\_

**I fully understand** that no individual at Washington Hyperbaric Therapy Center LLC has represented that there will be any cure(s) of any type or that any improvements will definitely be attainable. Different clients obtain different results with Hyperbaric Oxygen Therapy and there is no representation that results will be good or bad.

(Initial) \_\_\_\_\_

**I understand** that it is my responsibility to be “on time” for scheduled sessions. If I am late and session is started later, it will be considered a completed session and no credit will be given. Staying on schedule is very important at Washington Hyperbaric Therapy Center LLC.

(Initial) \_\_\_\_\_

**I understand** that children under the age of 16 who are not receiving treatments are not allowed to “hang out” without adult supervision at the treatment center. Space is very limited and Washington Hyperbaric Therapy Center LLC requests only the person(s) receiving treatments along with needed attendants be on the premises.

(Initial) \_\_\_\_\_

**I understand** as caretaker or client and/or as signer of this agreement that I am totally responsible for both physical and verbal actions of any member of the client's party that I am bringing to Washington Hyperbaric Therapy Center LLC. I understand there are sensitive controls and equipment, oxygen lines, etc. in "restrictive areas" which could become a possible endangerment to others if damaged by anyone. It will be my responsibility to make certain everyone understands this. I will take full responsibility for all members of my party whether inside or outside of the chamber, during or between therapies on any premises operated by Washington Hyperbaric Therapy Center LLC.

**(Initial)** \_\_\_\_\_

**I understand** that children are required to wear leak proof type diapers.

**(Initial)**

\_\_\_\_\_

**I understand** that any agreements between Washington Hyperbaric Therapy Center LLC and myself, other than those listed here, must be in writing.

**(Initial)**

\_\_\_\_\_

**I understand** Washington Hyperbaric Therapy Center LLC works as a cooperative on a predetermined cost and may vary according to the cost evaluation for a selected period of time.

**(Initial)**

\_\_\_\_\_

**I understand** Washington Hyperbaric Therapy Center LLC will not provide client and caregiver with water for my/our use during each treatment. I am responsible to provide it in a water bottle with a sports bottle cap on it (the sports bottle flip top cap is for safety, avoiding spills, etc.)

**(Initial)** \_\_\_\_\_

.....  
....

There is a one-time \$150 hood fee.

**40 treatments \$4,800 + Hood \$150 (\$120 per treatment)**

**20 treatments \$2,800 + Hood \$150 (\$140 per treatment)**

**10 treatments \$1,700 + Hood \$150 (\$170 per treatment)**

I clearly understand all fees and rates.

**(Initial)** \_\_\_\_\_

I understand as previously mentioned final payments must be made before treatments will begin, as reflected on invoice.

**(Initial)** \_\_\_\_\_

I have read and fully understand and agree to all the conditions. I understand that the goal of Washington Hyperbaric Therapy Center LLC is to provide services for the benefit of the client being treated and these services are of utmost concern. The management of Washington Hyperbaric Therapy Center LLC will determine any other rules or regulations that may have to be placed into effect, depending upon the circumstances involved.

Signature of Client or Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
Client Name \_\_\_\_\_ DOB \_\_\_\_\_ Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

# Washington Hyperbaric Therapy Center LLC

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## Cancellation Policy

Washington Hyperbaric Therapy Center LLC reserves the right to cancel a patient's appointment or therapy at any time.

If a patient wishes to cancel an appointment or therapy, a minimum of 24 hours before the scheduled time is required. **The full price of therapy will be charged if this policy is not met.**

I understand that I must give a minimum of 24 hours notice before the scheduled appointment to cancel my therapy in order to make up for the treatment cancelled.

\_\_\_\_\_  
Patient/Guardian Signature

Date \_\_\_\_\_

# Washington Hyperbaric

## Therapy Center LLC

2005 – 152<sup>nd</sup> Avenue NE, Redmond, WA 98052

Phone: 425-644-7999

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

NAME: \_\_\_\_\_

\_\_\_\_\_

I understand that by taking my Oxygen Hood home, I'm taking full responsibility for the hood and if damaged or lost, I will pay the cost of the new hood(s) at \$150.00 per hood.

Signature \_\_\_\_\_