

Consent & Waiver Agreement

By checking and signing the below, I, the undersigned, acknowledge and consent to the terms and conditions of receiving Hyperbaric Oxygen Therapy (HBOT) at Artliner.

I understand that this treatment involves certain risks and responsibilities, and I agree to comply with all protocols outlined below.

1. Acknowledgement of Risks

I understand that while Hyperbaric Oxygen Therapy has many health benefits, there are potential risks associated with the treatment, including but not limited to:

- *Middle Ear Injuries / Barotrauma of the Ear:

- * Injury to the ear from pressure changes.

- *Sinus Congestion and Pressure: Discomfort or pressure in the sinuses due to the effects of increased oxygen.

- *Temporary Near-Sightedness: A temporary change in vision, typically reversible after treatment.

- *Claustrophobia: Feelings of discomfort or anxiety in confined spaces.

- *Oxygen Toxicity: Overexposure to oxygen, which can affect the central nervous system or the lungs.

- *Seizures: In rare cases, hyperbaric oxygen therapy may trigger seizures, particularly in those with a history of certain conditions.

2. Health and Medical Disclosure

I agree to notify Iwona Cislo of any changes to my health status, including medications, supplements, and physical or mental health, before scheduling future treatments. I acknowledge that it is my responsibility to keep the clinic informed about any updates to my health.

3. Personal Responsibility

I understand that I am responsible for following all safety protocols provided by the clinic staff, including instructions on clothing, jewellery, and any other necessary precautions.

I agree to refrain from bringing items into the chamber that could pose a safety risk, such as flammable materials or electronics.

4. Informed Consent

By signing this form, I consent to receiving Hyperbaric Oxygen Therapy and acknowledge that I have been fully informed of the procedure, risks, and safety protocols. I understand that the treatment may involve a series of sessions and that the clinic will tailor my treatment based on their professional evaluation of my needs.

5. Release of Liability

I hereby release Artliner/ Pure Oxygen Therapy clinic, its staff, and affiliates from any and all liability or claims for injuries, accidents, or adverse reactions arising from my participation in Hyperbaric Oxygen Therapy, except where such claims arise from negligence or malpractice.

6. Effectiveness and Medical Disclaimer

I understand that while medical research and studies support the effectiveness of hyperbaric oxygen therapy in assisting healing for various medical conditions, individual results may vary. I acknowledge that there are no guarantees of specific outcomes from this treatment.

I also understand that hyperbaric oxygen therapy may not be appropriate for every individual or condition. It may not be suitable for my specific health concerns. I agree to consult with my doctor to discuss all available treatment options, their potential risks and benefits, and to determine whether hyperbaric oxygen therapy is appropriate for my condition.

I am aware that hyperbaric oxygen therapy is not intended to treat diseases, disorders, or injuries directly but is offered as a complementary treatment to help alleviate symptoms and support overall recovery and well-being.

7. Acknowledgement of Understanding

I confirm that I have read, understood, and voluntarily agree to the terms outlined in this Consent and Waiver Form. I have had the opportunity to ask questions and have received satisfactory answers regarding the treatment.