

DISCLAIMER

1. A number of open published trials of the medical interventions have been conducted showing evidence of efficacy. However, no double-blind crossover trials which represent the gold standard as far as the medical profession is concerned currently exist. Although some are unproven in terms of efficacy, these interventions and treatments present minimal risk of harm and are based on scientific research and logic.
2. These interventions form a part of the overall individualized plan for an individual. It is not a substitute for appropriate education, care, and health management. It entails a lot of patience, determination and resiliency from all - the physician, the patient, and the family.
3. Although ultimately benefiting from these therapies, a small percentage of individuals may show transient regression (i.e. die-off reaction from anti-fungal medications) during these treatments. However, there are methods employed to minimize and manage these untoward reactions.
4. At present, it is difficult to determine which patients will benefit from these therapies with great accuracy. Some individuals who may be perfect candidates may not have any improvement; while others who seem to have little reason to recommend therapy will show marked improvement. In general, the only way to determine this is to attempt treatment and observe the response.
5. Since medicine is an art as well as a science, and since each patient's situation includes variables that are unique and at times not fully understood, there is no guarantee that satisfactory results will be achieved.

INFORMED CONSENT

I knowingly and willingly give my consent on behalf of myself or my minor child. I have had ample opportunity to discuss the nature, the risks and benefits, anticipated costs, and the reasoning for the treatments. I understand that medical treatment is an evolving art and that treatment results are not guaranteed or may result in unexpected adverse events. While my doctor and the staff will take reasonable precautions to ensure my safety or my child's safety, I am willing to assume the risks of treatment whether known or unknown. I am seeking treatment in order to further my own or my child's health and for no other reason.

Acknowledging the above, the fact that there is a sense of urgency in initiating these interventions, and weighing the risks versus the significant potential benefits, I, (Patient Name) _____ (Date of Birth) _____ give consent to Dr. Eileen Comia and her staff to administer biomedical intervention/s to me. I will not hold responsible Dr. Eileen Comia, Advance Biomedical Treatment Center, or any of the center's staff or any other person associated with the medical intervention, for the physical and/or behavior problems as well as any injury to myself, any injury to another person, and/or any form of emotional distress experienced by me.

By signing below, I have read and understood the Disclaimer and the Informed Consent above, have understood the potential risks and benefits, and agree to receive biomedical treatments, following the standards and principles of complementary, alternative, or integrative medicine.

Signature of Patient

Date

PARENTAL CUSTODY and WAIVER

If the patient is a minor child, I certify that I am either the parent or the legal guardian, and that I have custody for the purposes of authorizing medical treatment. I will hold Dr. Eileen Comia, Advance Biomedical Treatment Center, and the staff harmless in the event there is a parental disagreement about the medical care.

*If a minor, **both parents must give consent by their signatures below.***

If only one parent has medical custody, that parent must attach a court document showing that he or she has custody for the purposes of authorizing medical treatment. In the event that either parent withdraws consent, such withdrawal must be in writing and the child will not be able to continue treatment.

If parents are divorced, please provide proof of legal child custody.

Signature of Father

Date

Signature of Mother

Date