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## ***Consent for Patient Management***

*Autism Management:* Autism is a spectrum of disorders whose hallmarks are neurological deficits and developmental delays. The degree to which patients with ASD are “neuroatypical” or exhibit impairment can vary considerably, as can the extent to which a patient can benefit from medical and behavioral intervention. The cause, diagnosis, and treatment of ASD are not well understood, and as a result, there are a number of different opinions and controversies within the medical community about its treatment and management. The current view within the larger medical community is that ASD is not treatable and that the most that can be hoped for is behavioral management. Some physicians, whose view might be considered to be integrative, nutritional, complementary or alternative in nature, believe that there are biomedical interventions that can be useful. These are views that change as clinical experience evolves; for example, the view that ASD children can have gastrointestinal problems that require medical treatment is now more accepted than it once was.

It is widely recognized that medications are typically not helpful, but may be useful in selected situations when behavior and sleep are out of control. A minority of physicians working with ASD children and their families believe that biomedical interventions may make a difference. It is also clear that behavioral interventions can help many ASD children. Autism management ideally includes biomedical treatment, behavioral training, and education and support for the family. Our approach combines steps to improve physical function (such as helping improve nerve tissue health) with retraining the brain, and offering the family support and a realistic understanding of what may be possible with their child.

Biomedical interventions include but are not limited to, therapeutic uses of nutrition, management of dietary problems, including the removal of toxic or allergenic foods from the diet, improving metabolism, detoxification of heavy metals and environmental toxins, treating infections, oxygen therapies, and autonomic balancing. The biomedical care of ASD patients also attempts to diagnose and treat underlying medical conditions that often accompany ASD but which are difficult to determine in uncommunicative patients, such as gastrointestinal disease.

Educational/behavioral interventions may include but are not limited to behavioral therapies (ABA, RDI, etc.), speech therapy, occupational therapy, relational therapies and visual training.

While some children and adults show remarkable recovery with interventions, and show great gains in eye contact, sociability, language, motor skills and behavior, it is important to recognize that others do not change. We cannot tell in advance who will respond or



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how much they will respond. Even if we do everything to help an autistic child or adult, some will not be helped. This is because the damage is either already permanent or because our abnormal genetics dominates the picture. At this time it is not possible to clearly determine who will benefit from therapy: in general, the only way to determine this is to attempt treatment and observe the response. We do know that those most likely to improve are those seen early in life, who have had a regressive pattern and who have abnormalities on laboratory testing which are correctable.

As a parent we recommend you do all you can to become a well-informed team member by reading, attending conferences, searching well thought out websites, joining a parent support group, getting involved with treatment plans and maintaining good communication with your clinician. Keep your own good records of interventions and results: become a good observer. It is also wise to factor in personal grief: you as the parent must recognize, work through and adjust to your own stage of grieving (denial, anger, bargaining, depression and acceptance) to be most effective in helping your child.

*Management of Other Chronic Illnesses:* In addition to autism spectrum disorder (ASD), Center for Integrative Health treats children and adults with other chronic illnesses and acute medical problems such as post concussive injury. Other chronic illnesses addressed include, but are not limited to, gastrointestinal disorders, chronic or recurrent infections, food sensitivities, allergies, Chronic Fatigue Syndrome, Lyme disease, PANDAS, PANS, other autoimmune disorders, metabolic disorders, and malnutrition.

I understand that my/my child's symptoms may relate to underlying medical issues and that I am not seeking a treatment or a cure of a disease, but rather an individual biomedical approach focusing on me/ my child.

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Educational/behavioral interventions may include, but are not limited to, behavioral therapies, speech therapy, occupational therapy, relational therapies and visual training.

While some children and adults show remarkable recovery with interventions, it is important to recognize that others do not change. We cannot tell in advance who will respond or how much they will respond. At this time it is not possible to clearly determine which patients will benefit from therapy: in general, the only way to determine this is to attempt treatment and observe the response.



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As a parent or patient we recommend you do all you can to become well-informed by reading, attending conferences, searching well thought out websites, joining a support group, getting involved with treatment plans and maintaining good communication with your clinician. Keep your own good records of interventions and results: become a good observer. It is also wise to factor in personal grief: you as the patient or parent must recognize, work through and adjust to your own stage of grieving (denial, anger, bargaining, depression and acceptance) to be most effective in helping you or your child.

Please note the following with regard to treatment of you or your child:

*Controversial Nature of Treatment:* Care may include non-conventional services often referred to as complementary, alternative, integrative or functional medicine. Specialized services may not be widely recognized within the medical profession or about which there may be disagreement among qualified medical experts. Such treatments may include off-label use of medications or medical devices which means they are used in the physician's discretion for a different condition than approved by the U.S. Food and Drug Administration ("FDA"). Medications may also be used or prescribed that are only available when compounded by a pharmacy rather than as a standard prescription. Physician use of laboratory results from specialty labs may not be recognized by professional medical associations, or academic institutions involved in the setting of common diagnostic standards established for broad use by physicians.

*No Guarantees:* 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, and as described above there is no guarantee that satisfactory results will be achieved.

*Potential Risks:* If a suggested therapy contains the risk of adverse consequences it will be discussed and consent obtained prior to engaging in it.

*Financial Responsibility:* Patients or their parents/guardians are personally responsible for payment for services rendered, even if the insurer should determine that the therapy is non-covered or any dispute arises about whether the therapy is reimbursable.

*Parental Custody and Waiver:* If the patient is a minor child, I certify that I am either the parent or legal guardian and that I have custody for the purposes of authorizing medical treatment. To the best of my knowledge there is no disagreement between parents/guardians about care decisions. I will hold physician and his or her staff harmless in the event there is ever a parental disagreement about this care.



### *Consent to Treatment*

I knowingly and willingly give my consent on behalf of myself or my minor child. I have had ample opportunity to discuss the nature, anticipated costs, risks, benefits and experience of undergoing these treatments and the reasons for recommendations for such treatment. Any questions I have asked have been answered to my satisfaction. I certify that I understand this authorization and the risks of possible complications. 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 her staff will take reasonable precautions to ensure my child's safety, I am willing to assume the risks of treatment whether known or unknown. If I ever have any claim with respect to the services and treatment given to me by Dr. O'Hara, Dr. Szakacs, Center for Integrative Health or their staff, that claim shall be judged by the standards and principles of physicians who provide complementary, alternative, or integrative medicine. I agree to be financially responsible for these treatments. I represent that I am seeking diagnosis and treatment in order to further my own or my child's health and for no other reason.

If the patient is a minor child in the custody of both his/her natural parents, whether in marriage or otherwise in possession of joint medical custody, we each demonstrate our consent by our signatures below. We understand that these signatures constitute on-going consent, and in the event that either of us withdraws consent, such withdrawal shall be communicated in writing and the minor child will not be able to continue treatment. This document may be signed in counterparts (in which each parent signs a separate form.)

If the patient is a minor child in which only one parent has medical custody and the non-presenting parent has no rights with respect to the delivery of medical care, the custodial parent shall attach a court document showing that he or she has sole medical custody and that the second parent has no rights to be involved in medical decision making.

If the patient is an adult, I demonstrate my on-going consent with my signature below.



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**Patient is:**  **Adult**  **Minor child (check one)**

**If Patient is an Adult:**

Date: \_\_\_\_\_  
Patient (Printed Name)

\_\_\_\_\_  
Patient (Signature)

**OR**

**If Patient is a Minor child:**

\_\_\_\_\_  
Patient's printed name

Date: \_\_\_\_\_  
Parent/guardian (Printed Name)

\_\_\_\_\_  
Parent/guardian (Signature)

Date: \_\_\_\_\_  
Parent/guardian (Printed Name)

\_\_\_\_\_  
Parent/guardian (Signature)

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For office use only:

\_\_\_\_\_ Parent/Guardian initials

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

\_\_\_\_\_ Parent/Guardian initials

\_\_\_\_\_  
Date