

UVBI (ULTRAVIOLET BLOOD IRRADIATION) CONSENT FORM

Release and Waiver of Liability

I have been informed by Cardea Health Integrative of the nature and risks involving possible alternative methods of treatment, possible consequences and possible complications and contraindications involved in treatment options.

The method of administration of UVBI Therapy, the purpose for its administration in your case, its potential for good and its potential for harmful side effects has been verbally explained to you. You have indicated a desire to undertake this procedure in your case. UVBI has been approved the Food and drug Administration for use to sterilize blood for transfusions and to kill the A.I.D.S. Virus. It has neither been approved nor disapproved for intra-arterial or intravenous use, although its use since 1902 is well documented in medical literature. It has been studied in the treatment of many different types of infections and to increase circulation and improve healing and regeneration of the body. It has not been reported to be harmful or dangerous when used following the recommended and proven protocols established by years of research. UVBI is being used increasingly by a minority of physicians for the treatment of immune dysfunction, multiple types of infections and cell and tissue hypoxia. The use of UVBI is not generally approved by medical associations and/or other groups on the grounds that this therapy has not yet been shown to be "safe" or "effective" or "usual, customary and reasonable." Because of the lack of approval and because a majority of doctors do not use it, insurance companies ordinarily do not pay for UVBI Therapy.

Whether or not UVBI is "safe" or "effective" for a specific condition depends upon the degree of likelihood of injury from the use of the procedure when properly administered, upon the prognosis for the condition if left untreated and upon your cooperation in following the dietary, metabolic nutrient recommendations and rest regimen which accompanies the procedure. It is believed in your case that UVBI Therapy is proper under these criteria and you will quite probably improve in the condition for which you are under treatment, and in your overall health, from its use. However, you must understand that no one can or does guarantee or warrant the results in any manner.

To better make an informed decision, it is the responsibility of the patient to further seek additional information, which may be available through use of the internet, libraries or other printed materials.

I understand that there can be no guarantee of outcome in relation to the treatment and acknowledge that no guarantee has been made to me with regard to the treatment.

I further acknowledge that I have been given full opportunity to discuss the nature of my illness, the purpose of the treatment, alternate forms of therapy, risks of the recommended treatment, risks of alternative forms of therapy and risks of not receiving treatment for my illness with Cardea Health Integrative and that I understand the information provided.

By my written consent, I hereby knowingly and intentionally authorize Cardea Health Integrative to perform said procedure and/or treatment on my person.

By signing this waiver and release, I understand that I am giving up (waiving and releasing) and right I might have to sue or make a claim which I might have or which might subsequently arise or occur against Cardea Health Integrative and associates, assistants, employees, contractors and/or agents for any injury, death, loss or damage which might occur as the result of the treatment. It is my intent to give up those rights and provide the Hold Harmless Agreement, and I do so knowingly, intentionally and voluntarily.

This waiver shall remain valid unless expressly revoked by me in writing.

Date: _____ Patient Signature: _____

Name: