



Consent for Ketamine IV infusion therapy

PLEASE READ the information below and sign in the appropriate area at the end of the document.

Procedure:

You will receive a low dose of Ketamine. This treatment is a non-FDA approved alternative designed to assist individuals with diagnosed mental disorders including: treatment-resistant depression (TRD), post-traumatic stress disorder (PTSD), bi-polar depression, obsessive compulsive disorder (OCD), anxiety, uncontrolled stress, postpartum depression, and addiction to substances. It is also applicable for diagnosed pain disorders including: chronic pain (back and musculoskeletal), complex regional pain syndrome (CRPS), reflex sympathetic dystrophy (RSD), fibromyalgia, phantom limb pain, and neuropathic pain. Infusion therapy with Ketamine has demonstrated positive benefits in about 70% of people, with benefits lasting several weeks to months.

- The dosage of Ketamine infusions will be determined based on your weight and any previous experiences with Ketamine, with infusions lasting 40-60 minutes for mental disorders or 40-240 minutes for pain disorders.
- A peripheral IV is placed and removed each treatment day. Risks associated with IV placement are bleeding, bruising, swelling pain, nerve damage, and the possibility of infection.
- It is recommended that the initial 6 treatments be completed within a 2-4 week timeframe.

Risks and Discomforts:

At the low dose employed in this treatment, Ketamine presents minimal risks and discomfort. Possible side effects may include increased heart rate and blood pressure, excessive salivation, alterations in cognitive function, which could affect your perception and judgement. Short-term psychological side effects such as visual hallucinations, nightmares and dissociative sensations may also occur.

Ketamine is one of the most widely utilized medications and is included in the World Health Organization's list of essential medicines. It has diverse applications and is FDA approved for use as an anesthetic. When administered in a controlled setting, Ketamine is regarded as remarkably safe. However, there are no long term studies on the effects of repeated Ketamine treatments on fetal development. Therefore, it is crucial to consent to abstain from becoming pregnant while undergoing Ketamine therapy. Ketamine functions as an NMDA receptor antagonist, and although similar drugs have been reported to induce nerve cell abnormalities in the liver of rats, such abnormalities appear to be reversible. It is important to emphasize that this dose not necessarily imply that Ketamine will have the same effects in humans. Nonetheless, you should remain aware that Ketamine may potentially cause nerve cell abnormalities in humans, and that the clinical significance of any such changes is currently unknown.

Ketamine:

Possible side effects of Ketamine may include nausea, headaches, increased heart rate, elevated blood pressure, anxiety, mood changes, visual hallucinations, vivid dreams or illusions, sedation and fatigue. We have appropriate remedies for any side effects you might encounter, which will be discussed with you prior to your infusion. For returning patients, we will review your experiences from previous appointments, and based on your feedback, we can explore options to mitigate any side effects.

If necessary, additional medications and/or treatments may be administered to address any adverse effects of the infusions, including those used in emergency resuscitation. Please feel free to reach out to your primary care provider if you experience any issues following your Ketamine infusion therapy.

West Michigan Ketamine Clinics appreciate the confidence you have shown in choosing us to provide for your health care needs. You will be evaluated and treated by a licensed provider. We want to take this opportunity to welcome you, and also state some basic policies we believe are essential in establishing a good relationship between us. Please read through the information and please ask any questions as needed.

1. Initial Consultation: Your first appointment will start with a consultation and will continue into the infusion. At the time of the first visit the following decisions will be made by the patient, responsible party and the provider.
 - a. If Ketamine is an appropriate treatment option
 - b. Frequency of Ketamine infusion sessions
 - c. Goals of therapy and what the patient hopes to gain from the treatment
2. Appointments: Each infusion can vary based on the patient. However, the average ketamine infusion runs around an hour in length. You may book your next appointment one at a time or book them all out in advance.
3. Driver responsibility: All patient must have a driver for every appointment, and will not be able to drive for 12 hours long with other Discharge instructions that will be given to patient at every visit.
4. It is highly recommended by our physician and the research data that patients complete a series of 6 infusions within 2-4 weeks.
5. After completion of the first series, an 8 week booster infusion will be scheduled by the office. The week before the booster infusion, the office will reach out to patient to discuss if the appointment is necessary. Patients at this time have the right to cancel appointment if they feel as though they do not need it. If patients required a booster infusion sooner then every 8 week that can be arranged.
6. Patients who utilize the at home maintenance medications will have to undergo a booster infusion at least every 6 months or an IM shot every 3 months to continue the use of the medication. This correlates directly with the research that has shown to help boost the use and effects of the at home medication in the body. Patients have the right to have regular booster infusions sooner then every 6 months if they so wish to, please discuss with a staff member if interested.
7. Medication refills: When a patient is in need of a medication refill, they will contact the providing pharmacy first. If refills on file, they will continue with refill. If there are no refills on file, the pharmacy will send us a refill request. Please contact the office as well when no refills are on file at the pharmacy
8. Late Policy: If you are 15 minutes late you are in jeopardy of having to reschedule, 30 minutes or more you will have to reschedule and pay the cancellation fee.
9. Cancellations: If you need to cancel an appointment please give as much notice as possible. There is a \$50 (+3.5% service fee) cancellation fee if canceling the day of the appointment, late arrivals and have to reschedule, or no shows. Credit/debit card information is collected at time appointment is scheduled. This fee is collected at time of appointment if canceling the day of the appointment, late arrivals and have to reschedule, or no shows. The patient will be informed before the card will be charged.
10. After two NO SHOW appointments you will be discontinued from the practice.
11. The services you have elected to participate in, requires a financial responsibility on your part. The responsibility obligates you to ensure your payment in full of our fees. Insurance coverage has not been approved yet, and you are responsible for the full cost of infusions at time of visit. At this time, itemized receipts for reimbursements are not available at this time.
12. Payments: Payments are to be made at the time of visit or prior. We accept Cash, VISA, MASTERCARD, Discover, American Express, and check. **NOTICE: If using a credit or debit card, there may be a 3.5% service fee charged at time of payment.
13. A one time only setup fee of \$100 (+3.5%service fee) that will apply to all patients for consultation, medical records and chart management created in our electronic system. All 45-60 infusions for all patients will cost \$500. Thus the first infusion appointment will be \$600, and all other appointments to follow will be \$500. If interested in longer infusions we offer up to 4 hours at a time. For every additional 30 minutes is an added \$100. For example, 90minutes is \$600, and 2 hours is \$700. And a 4 hour is \$1100.
14. Patients who may wish to pay in full before the appointment may do so as well.
15. Confidentiality: All information regarding the specific nature of your treatment is maintained at West Michigan Ketamine Clinics and is considered confidential within the office unless specified by the patient in writing to be released otherwise. Each provider reserves the right to use the specialty consultation with other medical providers within the office as deemed necessary. WMKC follows HIPAA laws.

I hereby acknowledge and accept all of the risks associated with the IV ketamine infusion treatment, including but not limited to: potential issues related to actions or decisions of the involved parties; risks arising from defective or unsafe equipment or facilities under their control; and any liabilities that may exist regardless of fault. I certify that I do not have any medical conditions that would render my participation in this treatment ineffective or harmful, and that I have not been advised against participation by a qualified medical professional. I further certify that there are no health related reasons or problems that preclude my participation. I acknowledge that this waiver and release of liability form will be used by the event holders, sponsors, and organizers of the treatment in which I may participate, and that it will govern my actions and responsibilities during said activity. I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I waive, release, and discharge from any and all liability, including but not limited to, liability arising from the potential issues or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which hereafter occur to me including my traveling to and from this treatment. The following entities or persons are included in this release: West Michigan Ketamine Clinics, LLC (WMKC) and/or their directors, officers, employees, volunteers, representatives, agents, and the activity holders, sponsors, and volunteers;

(B) I acknowledge that WMKC and their directors, officers, employees, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific treatment on their behalf as this treatment has not yet been FDA approved and the methods and uses thereof for the treatment of mood disorders and/or pain syndromes is still being formulated and researched. I acknowledge that this treatment may involve a test of a person's physical and mental limits and carries the treatment response expected as each individual responds differently. The risks include but are not limited to, those caused by condition of participants, equipment, lack of hydration, unknown medical conditions, and actions of other people including but not limited to participants, volunteers, monitors, and/or producers of the treatment. The accident waiver and release of liability form shall be constructed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

Agreement:

- I am aware Ketamine is currently not an FDA approved treatment for the diagnoses listed above.
- I understand that any prescriptions containing Ketamine are off label and not FDA approved.
- I have been informed of the reasons and possible benefits for this treatment.
- I understand there are no guarantees implied or otherwise.
- I understand EMS will be called on my behalf in case of emergencies and any costs incurred are my responsibility.
- I have had the treatment explained to me and had all my questions answered.
- I hereby authorize West Michigan Ketamine Clinics, through its appropriate personnel, to perform or have performed upon me appropriate assessment and treatment procedures.
- I hereby authorize West Michigan Ketamine Clinics, to release to appropriate agencies, any information acquired in the course of my examination and treatment.
- I acknowledge that I have read and understand all the foregoing statements and that my signature below indicates that I agree to abide by all the above conditions. I consent to the exchange of treatment between WMKC and my referring provider.
- I certify that I have read this document and I fully understand its content.
- I am aware that this is a release of liability and a contract and I sign it of my own free will
- I acknowledge I have been informed of the cost of today's infusion/shot.

Print Patient Name

Patient Signature -or-
Parent/Legal Guardian

Date