

Patient's consent for ozone therapy treatment

The nurses and doctors employed by Suomen otsoniterapia are health care professionals registered by the National Authority for Medicolegal Affairs. Ozone therapy itself is not a universally approved form of treatment in Finland. For this reason, the staff does not give treatment in the capacity of health care professionals. Most forms of treatment, **however**, require the skills of a qualified professional. In the opinion given **to Suomen otsoniterapia**, the National Authority of Medicolegal Affairs states the following:

”The National Authority of Medicolegal Affairs states that many health care professionals also administer alternative medicine treatments. In these cases, the professional must inform the patient of the fact that the ‘treatment’ in question is not based on medical evidence and has not been universally accepted as medical practice in Finland, and the person does not administer it in his or her capacity as a health care professional. The patient must understand the explanation and give his or her consent for the treatment.”

Although numerous studies have been conducted on ozone therapy, mainly yielding very positive results, Finnish health authorities have not evaluated them. **For this reason, ozone therapy does not qualify as evidence-based medicine in Finland.** Therefore, we adhere to the directions given in the opinion of the National Authority of Medicolegal Affairs **without exception**. That is why we ask the patient to sign this form, in which the patient assures that he or she understands the following matters:

- Ozone therapy is not evidence-based medicine in Finland. Finnish health authorities have not evaluated the studies made on ozone therapy and no compensation is given for the treatment.
- The staff members do not give treatment in the capacity of a health care professional.
- I consent to the treatment at my own risk and am responsible if any unexpected negative side effects should follow.
- The nurses and doctors will be held responsible only if they out of neglect indulge in clear medical malpractice.

I assure that I have understood the matters mentioned above and consent to the treatment at my own risk:

Place

and date: _____

Signature and

signature clarification: _____

This form will be signed in two copies, one of which will remain with the patient and the other with the medical staff.