Eileen C. Comia, M.D.
Board-Certified in Internal Medicine
Defeat Autism Now! Practitioner

701 Cottage Grove Rd
Ste C-10 Bldg C (lower level)
Bloomfield, CT. 06002
Tel (860)242-2200
Fax (860) 242-2212
AvonTherapeuticCenter.com

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 largely unproven in terms of efficacy, these interventions 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 a child. 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 autistic children 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 children 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.

INFORMED CONSENT

Acknowledging the above, the fact that there is a sense of urgency in initiating these interventions, and weighing the risks, which are very little, versus the significant potential benefits, I (parent/guardian) _____ give consent to Dr. Eileen C. Comia to administer biomedical interventions to (name of patient) _____. I will not hold responsible Dr. Eileen C. Comia, the Avon Therapeutic Center for Children, LLC, nor 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 him-/herself, any injury to another person (including myself), and/or any form of emotional distress experienced by my son/daughter and/or by another person.

If you agree in the administering of medical interventions, please fill-out the lines above, sign and return this informed consent page. A signed consent form means that you have read and understood the potential risks and benefits, and that you agree to have your child receive biomedical interventions for autism and autism-related disorders. This form will be reviewed with you on your initial visit to the center.

I have read, understood, and agree with the information presented in this consent form.

_____ _____

Signature of Patient or Parent/Guardian (if minor) Date