



Cathryn Harbor, MD
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CONSENT FOR TREATMENT

I understand that I will be treated for Lyme Disease and/or other inflammatory illness by Dr. Cathryn Harbor. Treatment often involves the use of antibiotics, bile acid binding medicines, herbs, vitamin supplements, a rehabilitation program and possibly other therapies. I understand that, as no single treatment regimen is universally successful, it is possible that the antibiotics and therapies used maybe of minimal or no benefit. I also understand that Dr Harbor follows protocols developed by ILADs and Dr Ritchie Shoemaker. This sometimes involves off label use of medicines. I understand that I will be informed when any medicine is being used off-label.

I understand that it is conceivable that some or all of my current symptoms either may be due to another illness, or they may represent permanent changes to my system, in which case antibiotic treatment may be of no further benefit.

There are potential risks involved in using any medicine. Some of the more common problems can include: allergic reactions manifested as rashes, swelling, and possibly difficulties in breathing; such problems may require medications to reverse the allergy, and may even require emergency treatments. Other potential complications include stomach and bowel upset, including abdominal pain, diarrhea, and possibly even colon inflammation, which may require interruption of the medications and the prescribing of other medications to manage the digestive upset. It is also possible that secondary infections, such as yeast infections of the skin, mouth, intestinal, and genital tracts may occur, resulting in discomfort and the need for corrective therapies. Although unlikely, it is also possible that the medications used in the treatment of my symptoms may result in other problems, such as negative effects on the liver, kidneys, and other internal organs.

I also realize that if I am indeed infected, the risk of not taking treatment must be considered. Not receiving treatment may be more hazardous to short and long term health than the potential risks of using medications and other remedies.

Because much of the diagnosis, management, and clinical conclusions made by Dr. Harbor in my case require my input, such as honest and accurate reporting of all of the symptoms, and willingness to agree to ongoing, reasonable testing as requested as well as follow-up office visits as often as deemed necessary by Dr. Harbor, I realize that I therefore am an active participant in the diagnostic and therapeutic process and do accept and share responsibility for any and all potential outcomes.

I have discussed the above points with Dr. Harbor. I understand and accept the treatments offered and my role in my care. I also understand that complications may result. With all this in mind, I consent to being treated by Dr. Harbor in order to combat the effects of Lyme Disease.

PATIENT'S SIGNATURE _____ DATE _____