Figure: 22 TAC §171.2(b)

COMPLEMENTARY AND ALTERNATIVE MEDICINE TREATMENT DISCLOSURE AND CONSENT FORM

This form is required to be completed prior to the initiation of therapy and maintained as part of the patient's medical record.

Treating Physician: _____

Patient Name: _____

This "Consent" includes detailed information about the treatment plan, anticipated laboratory and diagnostic testing, potential benefits, and possible risks of the complementary and alternative (CAM) treatment being offered.

You should take your time and carefully read through the Consent. Ask any questions you may have. When you are satisfied that your questions have been fully answered, you will be asked to sign the Consent, thereby giving your consent to receive the complementary and alternative (CAM) treatment being offered by the treating physician. At no time should you allow yourself to be pressured into agreeing to or receiving the CAM treatment. Once you give consent to receiving the CAM treatment, you may withdraw your consent at any time.

As the treating physician, I am required to go over this Consent in detail with you, and it must be kept as part of your patient record.

As the physician, I understand that I am required to keep an accurate and complete medical record, including my discussion with the patient whether off-label use or CAM is administered.

_____ _____

Physician signature Date

REQUIRED DISCLOSURE AND PATIENT ACKNOWELDGMENT:

The treating physician and patient shall go over each line and initial where indicated. "N/A" may be used where not applicable.

The condition(s) or diagnosis for which the CAM treatment(s) are being offered are:
(List all)

a. _____
b. _____
c. _____

d. _____

The CAM treatment(s) being offered for the above noted condition(s) or diagnosis are:
(List all and link to specific condition or diagnosis for each CAM treatment(s):

a. _____
b. _____
c. _____
d. _____

1. Assessment. (Initial each line or write "N/A" if not applicable)

_____ Description given to patient of conventional methods of diagnosis and non-conventional methods of diagnosis;

_____ An appropriate medical history and physician examination of the patient has been completed;

_____ The conventional medical treatment options have been discussed with the patient and referral input, if necessary;

_____ Any prior conventional medical treatments and the outcomes have been obtained (including whether conventional options have been refused by the patient);

_____ Assessment completed of whether the complementary health care therapy could interfere with any other recommended or ongoing treatment.

2. Disclosure - the following were discussed in detail and all questions answered. (Initial each line or write "N/A" if not applicable)

_____ The objectives, expected outcomes, or goals of the proposed treatment, such as functional improvement, pain relief, or expected psychosocial benefit;

_____ The risks and benefits of the proposed treatment;

_____ The extent the proposed treatment could interfere with any ongoing or recommended medical care;

_____ A description of the underlying therapeutic basis or mechanism of action of the proposed treatment purporting to have a reasonable potential for therapeutic gain that is written in a manner understandable to the patient;

_____ If applicable, whether a drug, supplement, or remedy employed in the treatment is:

_____ approved for human use by the U.S. Food and Drug Administration (FDA);

_____ exempt from FDA preapproval under the Dietary Supplement and Health Education Act (DSHEA); or

_____ a pharmaceutical compound not commercially available and is subject to clinical investigation standards.

_____ Documented treatment plan that is tailored for the individual needs of the patient and considers the patient's pertinent medical history, previous medical records, and physical examination, as well as the need for further testing, consultations, referrals, or the use of other treatment modalities;

_____The favorable risk/benefit compared to other treatments for the same condition;

_____ There is a reasonable expectation that the treatment will result in a favorable patient outcome, including preventive practices;

_____ The expectation that a greater benefit for the same condition will be achieved than what can be expected with no treatment; and

_____ The periodic review of the treatment will be made at reasonable intervals considering:

a. the patient's progress under the treatment prescribed, ordered or administered; and

b. any new information about etiology of the complaint in determining whether treatment objectives are being adequately met.

_____
(Patient's Name Printed)

_____
(Patient's Signature)

_____
Date