



# Texas State Board of Medical Examiners

MAILING ADDRESS: P.O. BOX 2018 • AUSTIN TX 78768-2018 PHONE: (512) 305-7010

## **DISCLOSURE AND CONSENT**

### Integrative and Complementary Medicine

**To The Patient:** You have the right, as a patient, to be informed about your condition and the recommended integrative and complementary procedure to be used so that you make an informed decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

**NOTICE: Refusal to consent to the integrative and complementary procedure should not affect your right to future care or treatment.**

I (we) voluntarily request Dr. Julie Reardon or, under Dr. Julie Reardon's supervision, delegated Nurse Practitioner Theresa Hernandez to treat my health condition which has been explained to me as a desire for improved health using a holistic approach: addressing mind, body and spirit.

I (we) understand that the following integrative and complementary procedure(s) is planned for me and I (we) voluntarily consent and authorize these procedures: active listening with nutritional, supplemental, relaxation, exercise and sleep hygiene recommendations based upon my personal story and medical history and specific laboratory studies that may be ordered.

- I (we) understand that no warranty or guarantee has been made to me as to result of care.
- I (we) realize that just as there may be risks and hazards in continuing my present condition without conventional medical treatment, there are also risks and hazards related to the performance of the integrative and complementary procedure(s) planned for me.
- I (we) have been given an opportunity to ask questions about my condition, conventional treatment, integrative and complementary treatment, alternative forms of treatment, risks of treatment, risks of non-treatment, procedures to be used, and the risks and hazards involved, and I (we) believe that I (we) have sufficient information to give this informed consent.
- I (we) certify this form has been fully explained to me, that I (we) have read it or have had it read to me, that the blank spaces have been filled in, and that I (we) understand its contents.

**Name Of Physician Explaining Procedure:** Julie Reardon MD or delegate Nurse Practitioner Theresa Hernandez under her supervision

**Name Of Person Providing Materials:** same

(NOTE: The Texas State Board of Medical Examiners ("Medical Board") adopts this form which may be used by a physician on a voluntary basis to inform a patient, or person authorized to consent for the patient, of the possible risks and hazards involved in the integrative and complementary medical treatment named in the form. The Medical Board recognizes that patients have a right to seek integrative and complementary therapies. However, the use of this form shall not be construed as an endorsement by the Medical Board to practice integrative and complementary medicine and shall not pardon or absolve physicians from disciplinary action that may be taken by the Board.)