

INFORMED CONSENT & AUTHORIZATION FOR TREATMENT
Acknowledgement of the use of an Integrative Approach to Medical Care

This Consent sets forth the expectations and responsibilities I accept in consideration for the medical care and treatment to be provided to me. I, as the patient, or parent, or legal guardian/caregiver agree to its terms.

I have specifically sought out the services and perspective of the providers at HealingSpace, LLC. for their integrative approach to medicine, drawing on Traditional and Holistic/Integrative Medicine methods. I have sought out my provider because I know that she is knowledgeable in both conventional and unconventional methods of treating my health concerns and draws upon this experience and expertise to individualize and customize a treatment plan for each patient depending on their presentation. I understand that I will be presented with treatment options that include traditional and integrative approaches, and that ultimately, I will make the final decision on which method of treatment is right for me and my family. I understand that I may refuse or stop treatments at any time.

How will HealingSpace practitioners coordinate care with other providers responsible for my care?

Using an integrative approach can supplement the care you receive from your primary care physician or other providers, and help you become more actively involved in your own healing process. "Healing" does not always mean a disease or condition is "cured", although you may experience an elimination of symptoms; a decrease in symptoms or severity; or you may need to learn how to accept and cope more effectively with the impact this condition has on your life.

What is your role as the patient?

Choosing an integrative approach means you will be an active, involved participant in your health journey. It involves daily commitment to work on your personal health and emotional issues; to be willing to approach new ideas with an open mind; to have more honesty with yourself and your relationships; and to accept responsibility for healing on a physical, emotional, and spiritual level.

What can you expect from your Healing Practitioner?

If a Healing Practitioner is assigned to care, they will be with you on your health journey; exploring, instructing, encouraging, and offering a variety of therapies that can support your health practices. Healing Practitioners are independent contractors and work under the auspices of HealingSpace, LLC. They come from a variety of backgrounds and each practitioner brings forth their unique skills and gifts that can support and facilitate your healing. The Healing Practitioners are not physicians and not able to diagnose disease or recommend medical treatment or therapy.

I have read, or have had read to me, this form that serves as an informed consent and an authorization for treatment, and been given an opportunity to ask questions about its content. If I have questions later, I understand I can contact HealingSpace, LLC to have my question forwarded to the appropriate individual.

By completing and submitting this form, I agree that I fully understand the above information, my rights and responsibilities and hereby request and voluntarily give consent to undergo treatment at HealingSpace, LLC. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek consultation or treatment.

Confidentiality

The use or release of your personal health information is regulated by law. Consent to use or release your personal health information for anything beyond the scope of your care at HealingSpace, LLC. will require your written consent.

SIGNATURES:

Patient Signature

Date

(PRINT NAME)

Legal Guardian/Caregiver

Date

Provider/Healing Practitioner

Date