

INFORMED CONSENT FOR TREATMENT

Integrative Medicine is personalized care that blends the best of conventional medicine with evidence-based complementary/integrative therapies. Therapies that are recommended in an Integrative Medicine consultation are individualized to the patient. Recommended therapies may include mind-body modalities, such as clinical hypnosis and guided imagery, biologically based therapies such as vitamins, herbs and other supplements, nutritional recommendations, exercise recommendations, manual medicine-type therapies, such as massage, chiropractic or strain-counterstrain, other systems of medicine-based therapies such as Traditional Chinese Medicine/Acupuncture or homeopathy, and energy medicine modalities, such as Healing Touch or Reiki.

Taking time for an individualized approach insures that treatment plans are evidence-based, safe and custom-designed to meet the patient's needs and goals. It is important for you to know that the evidence base changes frequently for Integrative Medicine, that recommendations given to you are done with the evidence base available at that time for your particular condition, and that evidence and recommendations can change over time. Mountain Integrative Medicine, PLLC never recommends stopping conventional Western medical care or treatment.

An integrative medicine consultation may include, but is not limited to, the following:

Individualized counseling for lifestyle and nutrition recommendations

Individualized recommendations for supplements/vitamins/herbs including checking for drug/supplement/herb interactions

Use of Mind-Body Medicine therapies such as learning self-hypnosis, guided imagery, relaxation techniques and HeartMath biofeedback techniques

Use of osteopathic Strain-Counterstrain manual medicine technique

A physical examination

Referral to other therapeutic providers for care not provided by Dr. Park (e.g. Acupuncture)

_____I understand that Integrative Medicine Consultation by Dr. Park may include recommendations for various treatments as above, that evidence and recommendations may change over time, and that recommendations may also change as my individual medical condition and/or treatments change.

_____I understand that I have the right to choose which recommendations to incorporate into my treatment plan and that I should always communicate any new treatments, including vitamins/herbs/supplements to my entire healthcare team.

_____I understand that Mountain Integrative Medicine, PLLC implies no guarantee of services concerning the results intended from any treatment and/or recommendations provided to me, that I have the right to choose my treatment plan and that I may refuse any or all treatment suggestions at any time.

_____ I acknowledge that I have not been asked to stop/discontinue care provided by my specialty or primary care medical teams.

_____ I understand that integrative medicine information, data and drug/herb/supplement interactions databases are constantly updated as new information becomes available and that Dr. Park may not be able to anticipate and explain all potential risks and complications due to the ever-changing nature of the field. I agree to allow Dr. Park to exercise her best clinical judgment in my case based on the information available at my time of visit.

I understand all the facts given to me in this form. I give my consent to Dr. Park and Mountain Integrative Medicine, PLLC to provide Integrative Medicine initial consultation and follow up consultation services for me. I acknowledge that no guarantee of services have been made to me concerning the results intended from any treatment and/or recommendations provided to me. I attest with my signature below that Dr. Park has discussed all the information on this form, that I have had the chance to ask questions and that all of my questions have been answered.

Patient's Name (Please print)_____

Signature of Patient:_____ Date:_____

Signature of Provider:_____ Date:_____

INFORMED CONSENT FOR CLINICAL HYPNOSIS/GUIDED IMAGERY

Clinical hypnosis is the use of language to affect a change in body physiology. It uses the imagination, imagery and suggestion to create a more comfortable physiological state, and is often used to decrease anxiety or improve the perception of discomfort or pain, in addition to many other uses. All hypnosis is self-hypnosis; a person will not do, perform or reveal anything in a hypnotic state that they do not want to. The hypnotized individual is always in control of their experience; all hypnosis is self-hypnosis in this way, even if a provider is guiding the individual in the hypnosis experience.

Potential benefits:

Improved physiological feeling of comfort/well-being
Decreased anxiety
Decreased discomfort

Potential risks:

Emotional reaction/ distress (agitation, tearfulness)
Information recalled under hypnosis may or may not be factually accurate; independent corroboration is necessary.

Other options:

Relaxation techniques
Medications

Memory is inherently imperfect. In some jurisdictions, courts have held that a person who has been hypnotized cannot testify in court about anything remembered during or after the hypnosis. This usually is important in cases where hypnosis is being used in psychological therapy, not medical hypnosis. Consequently if you consent to hypnosis, there is a possibility that anything you remember, once the hypnosis begins, will not be admissible in a court of law. The only way to fully protect your potential right to testify is to forego the use of hypnosis.

_____ If I believe that there is some reason to anticipate that memories retrieved by hypnosis might have legal consequences, I will inform Dr. Park immediately. If I have concerns about the legal consequences of hypnosis, I should consult with my own attorney prior to the use of hypnosis.

Dr. Park has explained why the use of clinical hypnosis may be useful in my medical condition. She has explained that there are other options available to me should I decline to give consent. She has provided me with an explanation about the nature of, the potential benefits, risks and myths in clinical hypnosis. I acknowledge that Dr. Park has advised me that if I have any concerns about the legal consequences of hypnosis that I should consult with my own attorney prior to the use of hypnosis. I hereby agree freely and voluntarily to undergo hypnosis and to be taught self-hypnosis for use for my medical condition.

Patient's Name (Please print) _____

Signature of Patient: _____ Date: _____

Signature of Provider: _____ Date: _____

INFORMED CONSENT FOR STRAIN-COUNTERSTRAIN MANUAL MEDICINE TECHNIQUE

Strain/Counterstrain, originally called “positional release technique” is a manual therapy technique in which the clinician uses their hands to find and fix muscle spasm and joint dysfunction. All muscles in the body have thousands of microscopic receptors called muscle spindles, that are responsible for how tight or how loose the muscle is at rest. These muscle spindles are part of your body’s stretch reflex. A quick, unexpected stretch or strain of a muscle can cause the muscle spindles to become “stuck” in a protective, overactive mode where they send a continuous signal to the muscle to contract. This results in muscles that are tighter than they should be, resulting in stiffness, pain and joint dysfunction.

The practitioner passively moves the patient into a position of comfort that shortens the affected muscle and take the tension out of the muscle spindles. The Strain/Counterstrain positioning allows the muscle spindles to “reset” themselves; the muscle relaxes and the pain pattern can be improved.

Potential benefits:

Decreased pain
Improved function and mobility

Potential risks:

Body soreness, which usually resolves in 24 hours
No change in discomfort
Worsening of discomfort

Other options:

Other types of body-based therapies, such as massage or chiropractic
Physical therapy

Dr. Park has explained why the use of strain-counterstrain may be useful in my medical condition. She has explained that there are other options available to me should I decline to give consent. She has provided me with an explanation about strain-counterstrain as well as the potential benefits and risks. I hereby agree freely and voluntarily to be treated with strain-counterstrain for my medical condition.

Patient’s Name (Please print) _____

Signature of Patient: _____ Date: _____

Signature of Provider: _____ Date: _____