

INFORMED CONSENT (reviewed June 2018)

NAME: _____ date: _____

(block letters please)

The INFORMED CONSENT is what to expect from AcuDestress.

It will help if your family doctor knows the expectations we hold for care-givers providing care to you afterwards. You can provide them with a copy of this document - which is also be posted on our web site. Your doctor will find a complete explanation at: <http://www.acudestress.ca/clinician/Doctor-to-Doctor.html>

I agree to hold in strict confidence anything said by a member of the group I am joining, and any person-related material I access from the passworded web site. I accept that I may share stories, but no material which has anyone's name attached to it. I further agree that I will treat the Workbook and the participants' website for which I have received passworded entry as strictly private, and will not show it to any non group member.

_____ (initials)

I agree to receive 5 point ear acupuncture at sessions, as provided by Dr. Bailey or a certified member of his staff. I agree further to keep track of all of my acupuncture needles such that I do not leave the room until all needles are returned:

_____ (initials)

I agree that information about me, as is necessary to get the best results from my session may be communicated by unencrypted e-mail to me and to others on my designated treatment team, at the discretion of Dr. Bailey and his staff. I have been afforded access to the CMPA policy on e-mail use, and accept the safeguards which will be provided.

_____ (initials)

I agree to attend the transpersonal group therapy associated with this treatment with as full attendance as possible, accepting that the success of my treatment may well depend on the regularity with which I attend. I further agree that the sessions may be conducted over the *Ontario Telemedicine Network*, and have received adequate assurances that such telecasting is secure I agree that should my treatment include viewing videos of former group members, or should such members attend the group, as is often the case, that I shall hold these confidential as well. _____(initials)

I understand that the nature of transpersonal group therapy, unlike most conventional therapy does not plan or usually lend itself to processing interpersonal issues among members (including persons related to each other,) and that these are rarely subject to discussion.

I understand that this therapy is used for "personality work" and that I may experience personality change in the course of treatment. I further accept that it is the nature of this form of therapy that the therapist may find it helpful to send me by e-mail, a written summary of conversations you and I have pursued together, in a timely manner, so as to get the best results, using what means are available for timely transmission, but always with my permission.

_____ (initials)

I agree that I may be asked to review or add to consents agreed to at this time, later in the session, but that no additional consents will even be assumed without my implicit or explicit permission.

_____ (Initials)

I CONSENT to the treatment offered above subject to any exceptions I have not initialled.

_____ (signature)