Water and Grace Healing Space
PO Box #7, Hyde Park, VT 05655
P: (802) 610-2181
F: (844) 689-2490

Informed Consent for Treatment

By signing this form, you authorize the licensed healthcare providers in this practice to perform a variety of diagnostic and therapeutic procedures, as appropriate, to support your care. Please read carefully, and feel free to ask any questions you may have.

Procedures You May Receive

Depending on your needs, you may receive diagnostic services such as venipuncture, Pap smears, xrays, and other laboratory testing. Minor office procedures could include wound care (cleaning, suturing, and dressing), ear lavage, or minor dermatologic procedures such as skin scraping, electrodessication, or electrocautery.

Treatment may also involve therapeutic nutrition and supplementation, including intramuscular or intravenous vitamin injections. Botanical and homeopathic medicines may be recommended in forms such as teas, tinctures, capsules, creams, or suppositories. Lifestyle counseling may address exercise, sleep, stress reduction, and balance between work and personal life.

Physical medicine approaches may include massage, stretching, hot/cold therapy, spinal or soft tissue manipulation, electrical muscle stimulation, Reiki, acupuncture, bio-impedance analysis, or therapeutic ultrasound. Psychological counseling and, when appropriate, prescription medications (including contraception and immunizations) may also be provided.

Potential Risks and Benefits

While every effort will be made to ensure your safety, certain risks are associated with medical care. These may include allergic reactions to herbs, supplements, or medications; side effects from treatments; aggravation of pre-existing conditions; discomfort or inconvenience from procedures or lifestyle changes; and, rarely, injury from injections, acupuncture, or other physical treatments.

Potential benefits of treatment may include relief of symptoms, improvement of overall health and functional capacity, support for recovery from illness or injury, prevention of disease, and a reduced likelihood of progression of existing conditions.

Notice to Pregnant Patients

Female patients must inform their provider if they are pregnant or suspect they may be pregnant, as some therapies carry additional risks during pregnancy.

Medical Records & Confidentiality

A confidential medical record will be maintained for all services provided. This record will not be released without your consent, except as required by law. You may review your medical record within the legally designated timeframe after your last visit, and your provider will answer questions regarding your care to the best of their ability.

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Consent Statement

With this knowledge, I voluntarily consent to the procedures listed above as deemed necessary for my care. I understand that no guarantees have been made regarding the outcome of my treatment, and I may withdraw my consent and discontinue participation at any time.

Signature of Patient or Legal Representative: _____

Date: _____