ARIZONA STATE
BOARD OF HOMEOPATHIC and INTEGRATED MEDICINE EXAMINERS

Janice K. Brewer
Governor

1400 West Washington, Suite 230
Phoenix, Arizona 85007
(602) 542-8154 phone • (602) 542-3093 fax
email: chris.springer@azhomeopathbd.az.gov
http://www.azhomeopathbd.az.gov

Todd Rowe, MD, MD(H)
Martha Grout, MD, MD(H)
Don Farris
Alan Kennedy
Les Adler, MD, MD(H)
Mary Ackerley, MD, MD(H)

Arizona Homeopathic and Integrated Medicine Laws and Regulations About Informed Consent as it relates to licensed M.D.'s and D.O.'s that practice homeopathic and integrated medicine

In Arizona, the law requires that if you hold an M.D.(H) license from the Board of Homeopathic and Integrated Medicine you must obtain Informed Consent from a patient BEFORE treatment or examination:

A.R.S. § 32-2933 (41) states
It is an act of unprofessional conduct for

> *Failing to obtain from a patient before an examination or treatment a signed informed consent that includes language that makes it clear the licensee is providing homeopathic medical treatment instead of or in addition to standard conventional allopathic or osteopathic treatment.*

Following are Samples of Different Informed Consents that have been sent to the Board. These are provided to interested physicians strictly as an example of language you may want to consider for your own informed consent.

I understand that (Dr. Name) are licensed through the Arizona Board of Homeopathic and Integrated Medicine Examiners. I understand and agree that the care and treatment I receive is based upon homeopathic principles, that I am relying exclusively upon their homeopathic training and that they will treat me according to generally accepted standards of care.
_____Patient initial

I understand that (Dr. Names – in this case multiple physicians) are homeopathic physicians. They are licensed through the Arizona Board of Homeopathic and Integrated Medicine Examiners. Even though our physicians may at time prescribe or use allopathic remedies, I am relying upon their skills as homeopathic physicians and understand that they will treat me according to the generally accepted standard of care for homeopathic physicians

____Patient Initial

I certify that (Dr. Name) has provided this form to me and that the form has been fully explained to me and that I understand its contents. I also certify that (Dr. Name) has fully explained the diagnostic and treatment options available, and has made no guarantees to me as to the success of this treatment. I acknowledge that (Dr. Name) has informed me that he is licensed by the Arizona Board of Homeopathic and Integrated Medicine Examiners and the Arizona Medical Board (or Arizona Board of Osteopathic Examiners in Medicine and Surgery), but that for this treatment and diagnostic procedure he (she) will treat me according to generally accepted standard of care for homeopathic physicians.

I agree that the risks have been explained to me and that if I have any claim with respect to the services and treatment given to me by (Dr. Name) and his staff, that the claim shall be judged by the standards and principles of physicians who provide complementary, alternative, or integrative medicine and not by the standards and principles of mainstream medicine. I understand that (Dr. Name) is licensed by the Arizona Board of Homeopathic and Integrated Medicine and that the treatment and diagnostic procedure I am consenting to is provided according to generally accepted standards and principles of homeopathic and integrated medicine.

ARIZONA STATE REGULATORY BOARD DISCLAIMER

Please note that the forms and information presented here are examples of language you may wish to consider using. Provision of this information is not intended to indicate legal sufficiency and you are urged to consult your own legal advisor regarding language that most effectively meets the requirements of the statutes as well as what services you offer.