



## Consent to Perform a Complementary or Alternative Therapy by an Authorized Southern Health-Santé Sud Representative

1. I and/ or my alternate-decision-maker freely agree that \_\_\_\_\_ or any authorized Southern Health-Santé Sud clinician(s) may perform the following complementary or alternative therapy at no cost to the resident and/or alternate decision-maker:  
\_\_\_\_\_
2. The purpose, nature, expected outcomes and potential complications of the proposed procedure(s), treatment(s) along with the alternative(s) (where appropriate) have been discussed with me and/or alternate decision-maker by:  
\_\_\_\_\_
3. I and or my alternate decision-maker acknowledge that I was provided the opportunity to ask questions about the proposed procedures(s), treatment(s) or investigation(s), any such questions I asked were answered by/or on behalf of the “responsible party”.
4. I and/or my alternate decision-maker acknowledge that no guarantee or assurance for a favorable outcome has been made.
5. In the event that a health care provider experiences a significant exposure to my body fluids, I and/or my alternate decision-maker consent to a sample of my blood being drawn and tested for transmissible infections (Hepatitis B, Hepatitis C, Human Immunodeficiency Virus), with the understanding that the results will be made known both to myself and to the exposed individual

I certify that I and/or my alternate decision-maker have read and fully understand the above consent to procedure, treatment or investigation and that the explanations therein referred to were made to me, and the form was completed prior to the procedure(s), treatment(s) or investigation(s) being performed.

### **INTERPRETER’S DECLARATION (if applicable)**

To the best of my knowledge, I have interpreted the conversation between \_\_\_\_\_ (printed name of responsible party or authorized designate) and \_\_\_\_\_ (print resident name and/or alternate decision-maker) accurately.

\_\_\_\_\_  
Signature of Interpreter Printed name of Interpreter \_\_\_\_\_

Signed at: \_\_\_\_\_ hours \_\_\_\_\_ day of \_\_\_\_\_ Year \_\_\_\_\_



**Signatures:**

Signed at: \_\_\_\_\_ hours \_\_\_\_\_ day of \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_  
Printed name of Resident

\_\_\_\_\_  
Signature of Resident

\_\_\_\_\_  
Printed name of Alternate-Decision-Maker

\_\_\_\_\_  
Signature of Alternate-Decision-Maker

\_\_\_\_\_  
Printed name of Witness

\_\_\_\_\_  
Signature of Witness