



**COMPLEMENTARY AND ALTERNATIVE MEDICINE  
TREATMENT DISCLOSURE AND CONSENT FORM**

**This form is required to be completed prior to the initiation of therapy and maintained as part of the patient's medical record.**

**Treating Physician:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

This "Consent" includes detailed information about the treatment plan, anticipated laboratory and diagnostic testing, potential benefits, and possible risks of the complementary and alternative (CAM) treatment being offered.

You should take your time and carefully read through the Consent. Ask any questions you may have. When you are satisfied that your questions have been fully answered, you will be asked to sign the Consent, thereby giving your consent to receive the complementary and alternative (CAM) treatment being offered by the treating physician. At no time should you allow yourself to be pressured into agreeing to or receiving the CAM treatment. Once you give consent to receiving the CAM treatment, you may withdraw your consent at any time.

As the treating physician, I am required to go over this Consent in detail with you, and it must be kept as part of your patient record.

As the physician, I understand that I am required to keep an accurate and complete medical record, including my discussion with the patient whether off-label use or CAM is administered.

\_\_\_\_\_  
Physician signature

\_\_\_\_\_  
Date

**REQUIRED DISCLOSURE AND PATIENT ACKNOWLEDGMENT:**

**The treating physician and patient shall go over each line and initial where indicated.  
"N/A" may be used where not applicable.**

The condition(s) or diagnosis for which the CAM treatment(s) are being offered are:  
(List all)

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

d. \_\_\_\_\_

The CAM treatment(s) being offered for the above noted condition(s) or diagnosis are:  
(List all and link to specific condition or diagnosis for each CAM treatment(s):

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

**1. Assessment. (Initial each line or write "N/A" if not applicable)**

\_\_\_\_\_ Description given to patient of conventional methods of diagnosis and non-conventional methods of diagnosis;

\_\_\_\_\_ An appropriate medical history and physician examination of the patient has been completed;

\_\_\_\_\_ The conventional medical treatment options have been discussed with the patient and referral input, if necessary;

\_\_\_\_\_ Any prior conventional medical treatments and the outcomes have been obtained (including whether conventional options have been refused by the patient);

\_\_\_\_\_ Assessment completed of whether the complementary health care therapy could interfere with any other recommended or ongoing treatment.

**2. Disclosure - the following were discussed in detail and all questions answered. (Initial each line or write "N/A" if not applicable)**

\_\_\_\_\_ The objectives, expected outcomes, or goals of the proposed treatment, such as functional improvement, pain relief, or expected psychosocial benefit;

\_\_\_\_\_ The risks and benefits of the proposed treatment;

\_\_\_\_\_ The extent the proposed treatment could interfere with any ongoing or recommended medical care;

\_\_\_\_\_ A description of the underlying therapeutic basis or mechanism of action of the proposed treatment purporting to have a reasonable potential for therapeutic gain that is written in a manner understandable to the patient;

\_\_\_\_\_ If applicable, whether a drug, supplement, or remedy employed in the treatment is:

\_\_\_\_\_ approved for human use by the U.S. Food and Drug Administration (FDA);

\_\_\_\_\_ exempt from FDA preapproval under the Dietary Supplement and Health Education Act (DSHEA); or

\_\_\_\_\_ a pharmaceutical compound not commercially available and is subject to clinical investigation standards.

\_\_\_\_\_ Documented treatment plan that is tailored for the individual needs of the patient and considers the patient's pertinent medical history, previous medical records, and physical examination, as well as the need for further testing, consultations, referrals, or the use of other treatment modalities;

\_\_\_\_\_ The favorable risk/benefit compared to other treatments for the same condition;

\_\_\_\_\_ There is a reasonable expectation that the treatment will result in a favorable patient outcome, including preventive practices;

\_\_\_\_\_ The expectation that a greater benefit for the same condition will be achieved than what can be expected with no treatment; and

\_\_\_\_\_ The periodic review of the treatment will be made at reasonable intervals considering:

a. the patient's progress under the treatment prescribed, ordered or administered; and

b. any new information about etiology of the complaint in determining whether treatment objectives are being adequately met.

\_\_\_\_\_  
(Patient's Name Printed)

\_\_\_\_\_  
(Patient's Signature)

\_\_\_\_\_  
Date

TEXAS ADMINISTRATIVE CODE: As in effect on 10/7/2025.

TITLE 22. EXAMINING BOARDS

PART 9. TEXAS MEDICAL BOARD

CHAPTER 171. COMPLEMENTARY AND ALTERNATIVE MEDICINE STANDARDS

§171.2. Required Consent and Disclosure.

(a) Prior to providing any complementary or alternative drug, treatment, device, or intervention, the physician and patient must review and execute the below disclosure and consent form. The fully-executed form must be included in the patient's medical records. Other than translation into another language or format for the patient, this form may not be changed, modified, or altered in any manner other than by adding additional pages with supplemental information as necessary.

(b) The physician practicing complementary and alternative medicine must follow all statutes and rules including requirements for maintaining adequate medical records. Physicians must also document and maintain within the medical record the information either as set forth in the form below or in an alternate format that contains at least the information requested in the form below:

[202406209-1.pdf](#)

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TITLE 22. EXAMINING BOARDS

PART 9. TEXAS MEDICAL BOARD

CHAPTER 171. COMPLEMENTARY AND ALTERNATIVE MEDICINE STANDARDS

§171.1. Definitions.

The following words and terms, when used in this chapter, shall have the following meanings, unless the contents clearly indicate otherwise

- (1) Alternative medicine--methods of diagnosis, treatment, or interventions that are not generally considered as conventional treatment or medicine and may or may not be regulated by the FDA. These treatments may be offered for potential for therapeutic gain that are not unreasonably outweighed by the risk of such methods.
- (2) Complementary medicine--the use of a combination of conventional medicine and some form of alternative medicine.
- (3) Conventional medicine--methods of diagnosis, treatment, or interventions are generally considered routine treatments and medicine by the majority of licensed physicians.
- (4) Off-label usage--use of an FDA approved drug, treatment, or device in a manner that has not been approved, or proven safe and effective, by the FDA or to treat a disease or medical condition for which it is being offered. Off-label use may be alternative, complementary, or conventional medicine.