

PRACTITIONER CONSENT FORM

A naturalistic observational study of Western herbal medicine practice in self-reported anxiety and depression

I _____ (*participant's name*) agree to participate in the above research project (UTS HREC: 2014000809; ECNH HREC: 2015072) being conducted by Dr Jon Wardle of the Faculty of Health, University of Technology Sydney and David Casteleijn, Michelle Boyd, Diana Bowman and Tina Taylor of the Endeavour College of Natural Health (ph: 02 9514 4813).

I understand that the purpose of this study is to evaluate the safety and efficacy of individualised herbal medicine practice (by naturopaths) for self-reported anxiety and depression.

I understand that I have been asked to participate in this research because I am a practising naturopathic practitioner who may treat patients with self-reported anxiety or depression as part of my practice. I understand that my participation in this research will involve participation in training webinar, and providing eligible patients the assessment tools to measure clinical progress, which will be completed in private and handed to me in a sealed envelope. I will also provide details of my herbal medicine prescription at each consultation. I understand that all information from the group will be anonymised for research purposes, and that it is very important that I follow the study processes and procedures to the letter. I understand that I will not have access to the individual results of these tools, but that overall results will be made available to me.

I understand that the researchers will make contact with me every few weeks to detect any possible significant clinical concerns in research participants, and if the researchers observe significant negative mental health concerns from the study that these will be followed up with me.

I am aware that I can contact Dr Jon Wardle if I have any concerns about the research. I also understand that I am free to withdraw my participation from this research project at any time I wish, without consequences, and without giving a reason.

I agree that the investigators have answered all my questions fully and clearly.

I agree that the research data gathered from this project may be published in a form that identifies me /does not identify me in any way.

_____/_____/_____
Signature (practitioner participant)

_____/_____/_____
Signature (researcher or delegate)

NOTE:
This study has been approved by the University of Technology, Sydney Human Research Ethics Committee. If you have any complaints or reservations about any aspect of your participation in this research which you cannot resolve with the researcher, you may contact the Ethics Committee through the Research Ethics Officer (ph: +61 2 9514 9772 Research.Ethics@uts.edu.au), and quote the UTS HREC reference number. Any complaint you make will be treated in confidence and investigated fully and you will be informed of the outcome.