PARTICIPANT 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 practice, 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 patient seeking herbal treatment from a practising naturopath for depression and/or anxiety. I understand that my participation in this research will involve filling out assessment forms at each consultation, which will be handed to my practitioner in a sealed envelope. I understand that my practitioner will treat me as they would had I not been involved in this study. I understand that I will be responsible for consultation costs of my treatment, but that due to my involvement in this study I will incur no cost for my prescription. I understand that all information from the group will be de-identified for research purposes. I understand that this study has been funded by the Endeavour College of Natural Health.

I am aware that I can contact UTS HREC or my practitioner 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 practitioner has 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 (participant)

________________________________________  ____/____/____
Signature (research project practitioner)

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.