

## KAP Informed Consent Signature Page

### By signing this form I agree that:

1. I have fully read this informed consent form describing ketamine assisted psychotherapy and agree to its terms. I agree to hold harmless the practitioners involved, waiving, releasing and discharging all claims rights and causes of action which may arise out of, or in connection with, my participation in KAP. No oral or written statements, representations or inducements have been made to cause me to enter into this agreement.
2. I have had the opportunity to raise questions and have received satisfactory answers.
3. I fully understand that the ketamine session can result in a profound change in mental state and may result in unusual psychological and physiological effects.
4. I give my consent to the use of lorazepam if deemed necessary for agitation, ondansetron for nausea, and clonidine for high blood pressure.
5. I have access to my own copy of this KAP informed consent which is mine to keep.
6. I understand the risks and benefits and freely give my consent to participate in KAP as outlined in KAP informed consent and under the conditions indicated in it.
7. I understand that I may withdraw from KAP at any time, up until the actual lozenge has been given.

I voluntarily sign my name evidencing acceptance of this agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

### Physician/therapist statement

I have carefully explained the nature of KAP to \_\_\_\_\_ . I hereby certify that to the best of my knowledge the individual signing this consent form understands the nature, conditions, risks and potential benefits involved in participating in KAP.

A medical problem or language or educational barrier has not precluded a clear understanding of the subject's involvement in KAP.

KAP Therapist \_\_\_\_\_ Date \_\_\_\_\_