

知情同意书 同意书签字页
Informed Consent · Signature Page

同意声明
Statement of Consent

我已经阅读了有关中医治疗的方案，并且有机会就此研究与医生讨论并提出问题。我提出所有的问题都得到了满意的答复。

I have read about the TCM treatment options and have had the opportunity to discuss and ask my doctor about this research. All my questions were answered satisfactorily.

我已了解治疗过程中可能产生的风险和收益，我确认已有充足的时间对此进行考虑，而且明白：

I understand the risks and benefits that may arise from treatment, I confirm that I have had sufficient time to consider this, and understand:

- 我可以随时终止用药，而且不会收到歧视，医疗待遇与权益不会受到影响。
- I can discontinue my medication at any time without discrimination, and my medical treatment and rights will not be affected.
- 如果因病情变化需要进行其他治疗，我会征求医生的意见，或在治疗事后如实告知医生。
- If other treatments are required due to changes in the condition, I will seek the doctor's opinion or inform the doctor truthfully after the treatment.

我同意研究者查阅我的病历资料。
I consent to the investigator's access to my medical records.

患者签名 (signature)  2022 年 (y) 1 月 (m) 5 日 (d)

我确认已向患者解释了用药中的详细情况，包括权力及可能的收益和风险，并给其一份签署过的知情同意书副本。

I confirm that the details of the medication, including the rights and possible benefits and risks, have been explained to the patient and given a signed copy of the informed consent.

医生签名 (signature)  2022 年 (y) 1 月 (m) 6 日 (d)