

Mitchell Center for Natural Healing, PLLC
Glenn D. Soja, L.Ac., EAMP, Dipl. OM
8814 Roosevelt Way NE Seattle, WA 98115
206-284-6040

Informed Consent

I _____ acknowledge that I am accepting treatment from an East Asian Medicine Practitioner at Mitchell Center for Natural Healing. I understand that there are intrinsic differences between the care provided by East Asian Medicine Practitioners and Medical doctors. At this time it is my decision to pursue this treatment. I understand that, as with standard medical treatment, there is no guarantee that East Asian Medicine treatments will offer complete resolution to any or all conditions that I may have. I agree to be photographed to track progress and release these images to Glenn D. Soja, L.Ac., EAMP, Diplo. OM.

Patient Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____