

Mitchell Center for Natural Healing, PLLC
Leah M. Mitchell, ND, LM, LMP
8814 Roosevelt Way NE, Seattle, WA 98115
206-284-6040

Informed Consent

I _____ acknowledge that I am accepting treatment from a Naturopathic Physician at Mitchell Center for Natural Healing. I understand that there are intrinsic differences between the care provided by Naturopathic doctors and Medical doctors. At this time it is my decision to pursue naturopathic treatment. I understand that, as with standard medical treatment, there is no guarantee that naturopathic treatment will offer complete resolution to any or all conditions that I may have.

Patient Signature _____

Date _____