

Informed Consent

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

Client

Date

Physician/Witness

Date