

Karen Ball, ND
1750 112th Ave NE Ste E-165
Bellevue WA 98004
425-283-4928

INFORMED CONSENT

Treatment

I understand that Dr. Ball is a licensed naturopathic doctor specializing in natural medicine. I give consent to this form of treatment. I will ask the doctor to explain when I do not understand a treatment. I am aware that any type of treatment from conventional, natural or other types of medicine may have side effects. I will inform the doctor of any known allergies, and provide previous medical history as necessary.

Signature of patient, guardian or personal
Representative

Date

Payment

I agree to pay for any fees for services, costs of supplements and remedies, costs of laboratory tests, or other costs or fees that are not covered by my insurance plan.

Signature of patient, guardian or personal
Representative

Date

Notice of Privacy Practices

I have received notice of privacy practices. I consent to the use of my personal health information for the purposes of treatment, payment and clinic healthcare operations. I am aware that a detailed description of the privacy policy of this clinic is available upon request and that a copy of the detailed privacy policy is posted in the clinic reception area.

Signature of patient, guardian or personal
Representative

Date