COMPLEMENTARY AND ALTERNATIVE HEALTH CARE CLIENT BILL OF RIGHTS

Please read this Complementary and Alternative Health Care Client bill of Rights. I am pleased to provide you with this Client Bill of Rights, in accordance with Minnesota laws, Statute 146A, governing complementary and alternative health care practices.

1. Leah Buysse 608-669-0525

2 My services are available at:

Indigo Health & Wellness LLC DBA Intuitive Self Healing 316 Bush Street Red Wing, MN 55066

3. Holistic Health Practitioner

In accordance with Minnesota state law, I am providing you with the following notice:

"THE STATE OF MINNESOTA HAS NOT ADOPTED ANY EDUCATIONAL AND TRAINING STAN-DARDS
FOR UNLICENSED COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTI-TIONERS. THIS
STATEMENT OF CREDENTIALS IS FOR INFORMATION PURPOSES ONLY. UNDER MINNESOTA LAW,
AN UNLICENSED COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTITIONER MAY NOT
PROVIDE A MEDICAL DIAGNOSIS OR RECOMMEND DISCON-TINUATION OF MEDICALLY PRESCRIBED
TREATMENTS. IF A CLIENT DESIRES A DIAGNOSIS FROM A LICENSED PHYSICIAN, CHIROPRACTOR
OR ACUPUNCTURE PRACTITIONER, OR SERVICES OF A PHYSICIAN, CHIROPRACTOR, NURSE,
OSTEOPATH, PHYSICAL THERAPIST, DIETITIAN, NUTRITIONIST, ACUPUNCTURE PRACTITIONER,
ATHLETIC TRAINER OR ANY OTHER TYPE OF HEALTH CARE PROVIDER, THE CLIENT MAY SEEK
SUCH SERVICES AT ANY TIME."

3. Practitioner's supervisor. (None)

4. Right to file a complaint. If you have any concerns, you may file a complaint with the following office. Office of Complementary and Alternative Practice (OCAP)
Minnesota Department of Health
P.O. Box 64975, Suite 400
Metro Square Building
St. Paul, MN 55164
651-201-3721, or email health.hop@state.mn.us.

5. Fees

Wellness Intake & Review:

Initial \$140.00 (45 min intake, Intuitive Wellness Review, 45 min results consultation)
Initial Package \$175.00 (45 min intake & footbath, Intuitive Wellness Review, 45 min results & footbath)

Follow-up Review: \$75.00 (Intuitive Wellness Review & 30 min results consultation) (must be done within 6 months of previous review) (Suggested products not included in program prices)

Intuitive Self Discovery or Oracle Card Readings: \$40 (30 Min), \$80 (60 min)

Ion Cleanse Foot Detox: \$50 with Intuitive consult \$40 without consult

\$225 – 5 pack with Intuitive consults \$175 - 5 pack w/o Consult

Fees are payable at the time of service. If you are unable to pay the full fee at the time of service, a payment plan can be arranged. This plan must be agreed to in writing prior to the provision of services.

In order to receive services, you must be current with your payment plan arrangement. We do not handle insurance claims; however, a receipt will be provided to you, should you wish to file a claim with your provider. I do not accept Medicare, Medical Assistance or General Assistance medical care.

- **6. Change in service or charges.** You have the right to reasonable notice of changes in services or charges, and I will provide prior notice of any changes.
- 7. Brief summary of my Theoretical Approach.

I work in partnership with the client to assist them with their healing journey using information from various healing traditions and the body's innate ability to heal itself.

- **8. Assessment and Recommendations**. You have the right to complete and current information concerning my assessment and recommended service, including the expected duration of the services to be provided. If you have any questions, please ask.
- **9. Courteous Service.** You may expect courteous treatment and to be free from verbal, physical or sexual abuse by your practitioner.
- **10. Confidentiality.** Your records and transactions with this office are confidential. This information will not be released unless you authorize release in writing, or unless release is required by law.
- **11. Records.** You are allowed access to records and written information from records in accordance with section 144.335 of Minnesota Statutes .(Post in office and, if possible, attach "Access to Health Records Practices and Rights" notice available from the MN Department of Health (651)-282-6314.)
- **12. Other Community Services.** Other similar services are available in the community. Possible sources of information are Minnesota Wellness Directory, the local newspaper, or the telephone yellow pages. You may ask your practitioner and she will provide this information to the best of her knowledge.
- **13. Selecting and Changing Practitioners.** You have the right to choose freely among available practitioners and to change practitioners after services have begun, within the limits of health insurance, medical assistance or other health programs. If these services are covered by your health insurance, medical assistance plan or other health program, you should direct all questions about coverage to your health insurance provider.
- **14. Coordinated transfer.** If you change practitioners, you have the right to our assistance in coordinating this transfer to another practitioner.
- 15. Right to Refuse Service. You are free to refuse services or treatment unless otherwise provided by law.
- **16. No Retaliation.** You may assert your rights described in this Client Bill of Rights at any time without retaliation.

ACKNOWLEDGMENT

have received a copy of the Complementary and Alternative Client Bill of Rights. I have read and understand the Client Bill of Rights, or it has otherwise been read to me. I have had a full opportunity to ask any questions I have about this document and my rights as a client. I understand my rights as a client.		
Client or Legal Guardian's Signature	Date	