

# Whole Life Wellness LLC

## Client Bill of Rights

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 STANDARDS FOR UNLICENSED, COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTITIONERS. 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 DISCONTINUATION 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.”

**Complaints:** If you have a complaint with the services you have received from Kate Hanson or Whole Life Wellness, you may complain to the appropriate area of certification:

**Real Balance Global Wellness Services, llc  
The Wellness Coach Training Institute**

Educating, certifying, and supporting quality wellness coaches

worldwidewww.realbalance.com

Call 866.568.4702 or email: wellness@realbalance.com

**Office of Complementary and Alternative Practice (OCAP)  
Minnesota Department of Health**

P.O Box 64975, Suite 400

Metro Square Building

St. Paul, MN 55164

651-282-5623

**Fees per unit of service:** 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. To receive services, you must be current with your payment plan arrangement. We do not handle insurance claims; however, a receipt can be provided to you. Fees vary according to the services provided, however this information will be agreed upon before services are provided. Appointments must be cancelled 24 hours prior to the scheduled time to avoid charges.

**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.

**My theoretical approach:** I believe the value of coaching is a partnership. As your coach, I serve as your ally. I bring the value of a professional coach with an understanding of

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achievable lifestyle improvement. As individuals, we are all creative, knowledgeable, and capable of finding a path to wellness. My goal is to assist you to become your best self, finding a healthy lifestyle that is sustainable for you, within my scope of practice.

**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.

**Courteous Service:** You may expect the courteous treatment and to be free from verbal, physical or sexual abuse by your practitioner.

**Confidentiality:** Your records and transactions with me are confidential. This information will not be released unless you authorize release in writing or unless release is required by law.

**Records:** You are allowed access to records and written information from records in accordance with section 144.335 of Minnesota Statutes.

**Other Community Services:** Other similar services are available in the community. Possible sources of information are Minnesota Wellness Directory, or the telephone Yellow Pages. I will provide you with other resources to the best of my knowledge.

**Selecting and Changing Practitioners:** You have the right to choose freely among available practitioners and to change practitioners after services have begun.

**Coordinated transfer.** If you change practitioners, you have the right to my assistance in coordinating this transfer.

**Right to refuse Service:** You are free to refuse services or treatment.

**No retaliation:** You may assert your rights described in the Client Bill of Rights at any time without retaliation.

**Acknowledgment:** I 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 full opportunity to ask any questions I have about this document and my rights as a client. I understand my rights as a client. **Whole Life Wellness LLC has been explained to me and I give permission to receive Wellness Coaching Services.**

\_\_\_\_\_  
Client or Legal Guardian's Name Printed

\_\_\_\_\_  
Date

\_\_\_\_\_

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# Whole Life Wellness LLC

Client or Legal Guardian's Signature

Date