**Root of Wellness, LLC**

**COMPLEMENTARY AND ALTERNATIVE HEALTH CARE CLIENT BILL OF RIGHTS**

Root of Wellness, LLC 445 Main St. Clearwater, MN 55320 (320)-558-1108

**Naturopathic Consultant: Lori Johnson, M.Ed. OTR/L, CHHP (Certified Traditional Naturopath)**

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 discontinuance of medically prescribed treatments. If a client desires a diagnosis from a licensed physician, chiropractor, or acupuncture practitioner, or services from a physician, chiropractor, nurse, osteopathic physician, 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.

If you would like to file a complaint with the MN Dept. of Unlicensed Complementary & Alternative Health Care Practice (CAP), their contact information is:

Health Occupations Program, Office of Unlicensed Complementary and Alternative Health Care Practice  
Minnesota Department of Health P.O. Box 64882 St. Paul, Minnesota 55164-0882 (651)-201-3731

Root of Wellness, LLC is a health & wellness consultation business. Consultation is one-on-one with clients to evaluate & dig into the root cause of any ill health they may be experiencing, & work out a plan for them to return to wellness. Some hands on services are also provided, to focus on the specific health needs of the client.

The current service prices are as follows:  
Initial Consultation - $100 Follow-up consultation - $50  
Raindrop Technique - $75 XTRACT - $75 Follow-up XTRACT - $60  
Optimum Ionic Foot Detox - $45 ZYTO Compass reading & Recommendations - $25

Root of Wellness, LLC does not bill for, or receive reimbursement from, any form of insurance, HMO, Medicare, or Medical Assistance. Payment for products or services are expected to be paid at the time of the office visit. If financing is required, arrangements will be made at that time with the client.

You have a right to reasonable notice of changes in services or charges.

You have a right to complete information concerning the practitioner's assessment and recommended services that are to be provided, including the expected duration of the service to be provided.

You may expect courteous treatment without verbal, physical, or sexual abuse by the practitioner.

Your records and transactions with Root of Wellness, LLC are confidential, unless release of these records is authorized in writing by you, or otherwise provided by law.

It is your right to be allowed access to records and written information from records in accordance with sections 144.291 to 144.298.

Other services may be available in the community.

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.

You have a right to coordinated transfer when there will be a change in the provider of services.

You may refuse services or treatment, unless otherwise provided by law.

You may assert your rights without retaliation.

**Acknowledgment by client**

Clients are provided with a copy of this Complementary and Alternative Health Care Client Bill of Rights, & have agreed to receive services at Root of Wellness, LLC by signing the space provided at the bottom of their Health History Questionnaire. A copy of this is also posted at the Root of Wellness, LLC office.