



## OFFICE POLICIES, FEES & CLIENT BILL OF RIGHTS

Natural and Digestive Health, LLC welcomes all persons wishing to receive therapeutic, professional, preventative, and holistic healthcare solutions in a quiet and peaceful environment. Initial visits begin with several detailed health intake forms, accompanied by physical assessments, which *may* include Palpatory Diagnostic Response Testing, Bio-Impedance Analysis (BIA), and 24 hour biochemical urinalysis. In addition, other labs may be requested pending findings from your assessment. Bothersome symptoms are often the result of body imbalances due to poor nutrition, exposure to toxins, and a stressed immune system. I will work with you to identify these imbalances and make recommendations based on those findings, as well as your health goals. If any questions or concerns arise as we work together, please voice them immediately. *I do not diagnose, but rather identify the imbalances and their underlying cause which may be the reason for your symptoms. A visit to Natural Digestive Health, LLC does not take the place of a visit with a licensed health care practitioner.*

Upon a thorough review of intake information, I will then make recommendations to assist in the process of restoring balance (homeostasis) to your body, thereby decreasing or eliminating the bothersome symptoms. This may include *First Line Therapy*®- a therapeutic lifestyle program which includes dietary recommendations and other health-enhancing strategies and/or supplementation to decrease the stress response within your body. Emphasis will be on empowering and educating you on how your body works, and what you can do to restore optimal health.

Julie's certifications and education include, but are not limited to the following:

- First Line Therapy Lifestyle Educator Certification
- 48 hour Nutrition Certification
- Certified Advanced Digestive Health Professional
- Certified Natural Health Professional
- Bachelors of Science in Nursing
- Healing Touch Level III
- Board Certified Psychiatric and Mental Health Nurse

Continuing Education (including, but not limited to):

- The Depression Pandemic: Bridging the Gap by Balancing the Stress Response (16 hours)
- The Emerging Therapeutic Target: Improving Therapeutic Outcomes by Treating the Intersection of Osteoporosis, Cardiovascular Disease, Type II Diabetes and Arthritis (16 hours)
- Safe and Effective Inflammation Management (8)
- Nutritional Strategies for Wild Moods and Crazy Days
- The Neurobiology of Mood and Cognitive Disorders (16 hours)
- Traditional Chinese and Western Medicine (8 hours)
- In Office Diagnostics (14 hours)
- Leading at the Speed of Trust (16 hours)
- The Pharmacy in your Fridge
- Sleep

12 hours of Continuing Education in the health care field are required annually to maintain registration as a Registered Nurse in the state of Minnesota.

- Initial consultations are \$180. Subsequent visits will be \$50 per half hour; \$100 per hour
- Phone consultations/questions: no charge for less than 5 minutes; \$15/10 minutes; \$25/20 minutes; \$40/30 minutes.
- Appointments may be scheduled during daytime hours with some evening and rare weekend times available. Missed appointments and appointments canceled without advance notice are inconvenient to Natural and Digestive Health and other clients. Please reschedule all appointments as soon as possible and try to give us at least 24 hours of advance notice. You may be charged for an office visit for missed and short notice cancellations.
- All client records are strictly confidential and will not be disclosed to anyone without your written permission. You have a right to all written information by simply requesting it.
- You have a right to reasonable notice of changes in our services or charges. This will be done by an email, general notice, as well as letting you know at the time of calling for an appointment for several months after a change is made.
- You have a right to complete and current information concerning our assessment and recommended service that is to be provided, including the expected duration of the service to be provided.
- You will receive courteous treatment, free from verbal, physical, or sexual abuse.
- You have the right to choose freely among available practitioners and to change practitioners after services have begun.
- You have a right to other services, which may be available in this community. We will provide such information when requested.
- You have a right to refuse our services or treatment.
- **Product Return/Exchange Policy:** No returns are allowed on any supplements. As we are unable to control the temperature of these products once they leave the office, and cannot guarantee their quality once returned. All sales are final.
- **Payment:** Visa, Discover, MasterCard, cash, or checks are accepted. A fee of \$30 will be charged for returned checks with insufficient funds. All appointments are to be paid in full upon completion of that appointment.
- **Insurance:** Insurance is not accepted for payment at this time. You may wish to contact your insurance company directly for more information regarding your policy as well as your employer in regards to using HSA debit/visa cards.
- You may assert all of your rights as stated above without concern of any retaliation. This right is protected by The Minnesota Complementary and Alternative Health Care Practice Act.
- If you wish to register a complaint, you may do so by contacting Minnesota Department of Health staff via e-mail or by telephone at 651-282-6319, or by U.S. mail to:

Office of Complementary and Alternative Health Care Practice - Health Occupations Program  
 Minnesota Dept. of Health  
 P.O. Box 55164-0975  
 St. Paul MN 55164-0975



*Natural & Digestive Health, LLC*

**JULIE BRUNS BSN, RN**  
*Certified Natural & Digestive Health Professional*

Your natural and medical healthcare link

### Informed Consent

In order to give you proper care, any changes in your health, including recent accidents, sickness, or pregnancy status, must be disclosed to Natural and Digestive Health, LLC.

*I agree to update my primary provider with the alternative therapies, supplements that are recommended for me.*

I understand and agree to these policies, fees, and Bill of Rights, and have been given a written copy of them for my records.

Name (printed) \_\_\_\_\_ Signature \_\_\_\_\_

Name (of minor) \_\_\_\_\_

Signature and relationship to minor \_\_\_\_\_

Date \_\_\_\_\_

This consent will be valid for the duration of visits related to ongoing issues for which the client chooses to return to Natural and Digestive Health, LLC, or one year.