

## EVERGREEN SPA & WELLNESS CENTER

Sonja Jewell, NTS, CMT, CCWFN

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WWW.ELYWELLNESS.COM

**"LET FOOD BE YOUR MEDICINE"**

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

Sonja is a graduate of New Mexico School of Natural Therapeutics and has completed 1000 hours in the study of Natural Therapeutics, both theoretical and practical: including Therapeutic Massage, Kinesiology, Nutrition and Basic Herbology. Sonja is a Professional Member of the AMTA (American Massage Therapy Association).

Sonja has completed a program by the International Foundation for Nutrition and Health and has earned the title *Certified Clinician in Whole Food Nutrition* (CCWFN) and is a member of IFNH.

Sonja has also completed training in Nutrition Response Testing. This training was certified through the Ulan Nutritional Systems in Clearwater, Florida.

### **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, 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.

(1) Evergreen Spa & Wellness is owned by Sonja Jewell.

(2) You, as a complementary and alternative health care client, have the right to file a complaint with Sonja Jewell verbally or in writing. You may also contact the *Office of Unlicensed Complementary and Alternative Health Care Practice* located in the Minnesota Department of Health (PH: 651-201-3728).

(3) Fees are posted on the website.

(4) Any and all fees are to be paid at the time of service by check, cash, or credit card (VISA, MasterCard, Discover, American Express). This practice does not work with any insurance company for services provided, nor does this practice accept Medicare, medical assistance, or general assistance medical care. The practitioner is NOT willing to accept partial payment.

(5) Any change in fees will be posted to the website and may be changed without prior notice.

(6) Evergreen Spa & Wellness believes in a holistic approach to wellness with an emphasis on whole food nutrition and the power of personal responsibility for health and wellness. Our goal is to help you achieve your wellness goals through proper nutrition, healthy lifestyle changes, exercise and stress management.

(7) The client has a right to reasonable notice of changes in services or charges including the expected duration of the service to be provided.

(8) Clients may expect courteous treatment free from verbal, physical, or sexual abuse by the practitioner.

(9) Client records and transactions with the practitioner are confidential, unless release of these records is authorized in writing by the client, or otherwise provided by law.

(10) The client's right to be allowed access to records and written information from records in accordance with sections [144.291](#) to 144.298

(11) Services similar to Evergreen Spa & Wellness are found in part in this community, as well as Virginia, Duluth and the Twin Cities. These can be located by asking the practitioner.

(12) The client has the right to choose freely among available practitioners and to change practitioners after services have begun.

(13) The client has a right to coordinated transfer when there will be a change in the provider of services.

(14) The client may refuse services or treatment, unless otherwise provided by law; and

(15) The client may assert the client's rights without retaliation.

#### **ACKNOWLEDGEMENT BY THE CLIENT**

Prior to the provision of any service, a complementary and alternative health care client must sign the Complementary and Alternative Health Care Client Bill of Rights.

\_\_\_\_\_  
CLIENT PRINT NAME

\_\_\_\_\_  
CLIENT SIGN NAME

\_\_\_\_\_  
DATE

WITNESS: \_\_\_\_\_