Complementary & Alternative Health Care Client Bill of Rights

Practitioner Name: Gloria A. Englund, MA
Business Name: Recovering u
Business Address: 6909 Sheridan Ave S., Richfield, MN 55423
Telephone number: 612-866-1056

As of July 1, 2001, Minnesota's Freedom of Access to Complementary Care Law (Statute Chapter 146A) requires that you receive and acknowledge that you have received by your signature on the back of this page, the following information prior to your treatment.

Gloria A. Englund, hereafter, "the Practitioner" has the received following education, training & credentials:

- Bachelor of Science, Teachers College - University of Nebraska, January 1971 - Lincoln, NE
- Masters of Art, Human Development, May 1991 - St. Mary's University, Winona, MN
- Befrienders Coordinator Training – Community Care Resources – September 1990
- Faith Partners Team Facilitator Training – Trish Merrell & Drew Brooks, Faith Partners – May 2004
- Understanding Addiction & Supporting Recovery - Strategies & Tools for Clergy and Congregational Leaders – The Clergy Education Project® – 2010
- Graduate of Recovery Coach Academy, Minnesota Recovery Connection – Certified in March 2011 & July 2012
- Outreach Volunteer Training –Minnesota Recovery Connection – February 2014

"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."

I do receive consulting services from the licensed professional below. Unless otherwise agreed upon by both parties, Dr. Nadeau remains my consultant only as long as I pay for, and receive consultation from her at least once a month. If this requirement is not meant, our agreement for her services are null and void. The nature of the consultancy does not imply any legal responsibility on the behalf of Dr. Nadeau. If you are mentioned during a consultation, it is by first name only.

Consultant: Dr. Janice Nadeau, Ph.D. , L.P., L.M., F.T., R.N., F.T.
1409 Willow Street, Suite 320
Minneapolis, MN 55403
612-870-1242
nadea007@umn.edu

Complaints: If the Client has a complaint or concern about the care or services they have received, the Client may also contact the Office of Unlicensed Complementary and Alternative Health Care Practice located in Minnesota Department of Health:
Mailing address: P.O. Box 64882, St. Paul, MN 55164-0882
Phone: 651-201-3728 **Fax:** 651-201-3839
Website: www.health.state.mn.us

Fees, Payment, Insurance: Your fee for each one hour coaching session is $60.00 and $100 for each six-week coaching session and **is due 48 hours previous to our scheduled appointment via PayPal on my website. If other fees are assigned for different services offered in the future, I need to receive payment 48 hours in advance of services. If you need to miss a session I require a twenty-four hour advance notice via my voice mail @ 612-866-1056.** Schedule permitting, your session will be rescheduled for a different time that week. Unless there are extenuating circumstances, forgotten or missed appointments will be waived once. If the new appointment date is missed, another payment will have to be made in advance of the next scheduled session.
I do not take any insurance and do not accept Medicare, Medicaid or Medical Assistance.

Change of Price: Clients have the right to reasonable notice of changes to the prices, services, or policies.
Theory of Treatment: Coaching is based on the belief that each client is resourceful, creative, capable and self-responsible. Therefore, it is my policy to ask clients to agree to a "hold harmless clause." That is, as a client you agree to accept total responsibility for the outcome of any decisions or actions taken on the basis of the coaching relationship. **Coaching, while it may have psychological benefits, is not to be construed as psychotherapy, but rather as a resource for self-examination, goal setting and goal achievement.**

Right to Current Information: Clients have the right to complete and current information concerning the practitioner's assessment and recommended service that is to be provided, including the expected duration of the service to be provided.
Right to Confidentiality: Client records are confidential and will not be released, unless authorized by the client in writing or as otherwise provided for by law.
Right to Self Access: Clients have the right to access to their own records maintained by the Practitioner's office, in accordance with state statute sections 144.291 to 144.298;
Personal Interaction: Clients have the right to expect courteous treatment, free from verbal, physical, or sexual abuse.
Other Treatment Available: There are other recovery coaching services are available to the Client in this same community. These can be located by asking the Practitioner or the provider who referred you to this practitioner.
Right of Agency: The Client has the right to choose freely among available practitioners and to change practitioners after services have begun.
Records Transfer: The Client has the right to coordinated transfer of your records when there will be a change in the provider of services.
Right of Refusal: The Client may refuse services or treatment, unless otherwise provided by law.
Right of Nonretribution: The Client has the right to assert the any and all of above-mentioned rights without retaliation from the Practitioner.

I _____acknowledge by my signature that I have received and understand the Complementary and Alternative Health Care Client Bill of Rights.

Signature_____Date_____

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