



Natural & Digestive Health, LLC

JULIE BRUNS CNHP, ADHP, BSN
Certified Natural & Digestive Health Professional
First Line Therapy Education Certified

Your natural and medical healthcare link

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 Heart Sound Recorder testing. 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
- Bachelor of Science in Nursing
- Healing Touch Level III

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)

- Therapeutic Elimination Diets
- Leading at the Speed of Trust (16 hours)
- The Pharmacy in your Fridge



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- Sleep
- Practical Takeaways to improve GI Health
- Chronic Inflammatory Response Syndrome
- Muscle Response Analysis
- Targeted Solutions for Cognitive Clarity
- Glyphosate and the Ripple Effect on our Health
- IFM Covid-19 Update: Introduction to Post Acute Sequelae of SARS-CoV-2

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.

- The Initial consultation, includes intake information, lab evaluation: \$200. If the initial appointment exceeds 100 minutes, charges will be prorated at \$25/ fifteen minutes. Subsequent visits will be \$50 per half hour. Phone consultations/questions/follow up of lengthy emails: no charge for less than 10 minutes. With very few exceptions, time spent on any of the above will be \$25/ fifteen minutes of time.
- 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



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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 regarding 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

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. I agree to a Bio-Impedance Analysis and do not have any implanted electrical devices such as a pacemaker, bone stimulator, etc.

Name (printed) _____

Signature _____ Date _____

Name of child (less than 18 years of age) _____

Parent Signature _____ 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.



Waiver/Release for communicable diseases including Covid-19

Assumption of Risk/Waiver of Liability/ Indemnification Agreement

In consideration of being allowed to participate in assessment tools at Natural & Digestive Health and related activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and Covid-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist, and
2. I knowingly and freely assume all such risks, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, or others, and assume full responsibility form my participation; and
3. I, for myself and on behalf of my heirs assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS (Julie Bruns)**, assistants, agents, employees, or other participants, lessors or owners of premises used for the event, **WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE**, to the fullest extent permitted by the law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTANDS THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: _____

Participant signature: _____

Date signed: _____

If participant under the age of 18 parent or guardian must sign below

Name of parent or guardian: _____

Parent or guardian signature: _____

Date signed: _____