

Blooming 4 Wellness LLC

COMPLEMENTARY & ALTERNATIVE HEALTH (CAHC”) CLIENT BILL OF RIGHTS

Practitioner Details:

Ashlin Tulip, certified Title 1 Whisperologist

Blooming 4 Wellness LLC
131 Main St W, Wabasha, MN 55981
715-495-8448

Practitioner Credentials:

Ashlin A. Tulip, hereinafter, “the Practitioner” has received the following education, training and credentials:

- Intention Based Field Resonance Testing Practitioner Certificate Program.

Disclaimer: The State of Wisconsin has not adopted any educational and training requirements for unlicensed CAHC practitioners. This statement of credentials is for information purposes only.

“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.

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGING.

1. Notice: As a CAHC practitioner I will not provide prescription drugs, recommend discontinuation of a treatment that is prescribed by a health care professional, or make a diagnosis of a medical disease. Any client may file a complaint or concern about the care or services they received with the:

Wisconsin Department of Health & Human Services
Division of Quality Assurance (DQA) Complaint Intake Survey, F-00607
Department of Safety and Professional Services
4822 Madison Yard Way
Madison, WI 53705
608-266-2112

Or

Minnesota 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

2. Practitioner Fees, Payment and Insurance:

- a. Comprehensive consultation \$200
- b. Follow up consultation \$165
- c. Remote (30 min or less) \$75-\$150
- d. Remote (30 min or more) \$165
- e. No show - \$50
- f. Cold Laser Therapy \$30-65 (price varies on number of sessions.)
- g. Travel fee \$15-\$35
- h. Allergy session - \$200 (seasonal sessions \$50)
- i. Neuro stimulation - \$30-65
- j. Neuro stimulation with cold laser - \$50-\$75
- k. No show \$50

This practitioner is not on a contract with and HMO's, PPO's, or any other Insurance Company to provide discounted services. The Practitioner does not directly accept Medicare, Medical Assistance, or general assistance medical care. Payment is accepted by cash or check in full for service rendered on day of appointment.

3. Change of Price: Prices, service or policies are subject to change. Notification of such changes will be given by phone or in person prior to any consultation or treatment.

4. Theory of Treatment -IBFRT/Whisperology: The practitioner assesses clients for possible frequency imbalances using intention-based focus on the fields of the human resonance. Anatomy and various organic or inorganic substances are concentrated on and addressed during testing. The body's response is calibrated for information by the IBFRT practitioner through non-force gentle touch applied at ankles which measures bio-fields and peripheral involuntary sympathetic and parasympathetic nervous system response. Individualized numerical sequences and or imprinted vials containing frequency informational field signatures of relevant information into a water medium are given to the client to use in a specific order and timing.

Theory of Treatment – Cold laser therapy: The practitioner assesses clients for possible frequency imbalances using intention-based focus on the fields of the human resonance. Anatomy and various organic or inorganic substances are concentrated on and addressed during testing. The body's response is calibrated for information by the IBFRT practitioner through non-force gentle touch applied at ankles which measures bio-fields and peripheral involuntary sympathetic and parasympathetic nervous system response. The cold laser device is used by gently waving over the imbalanced area for a certain amount of time.

5. 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.
6. 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.
7. Right to Self-Access: Clients have the right to access their own records maintained by the Practitioner's office. Clients may challenge the accuracy, completeness, timeliness, or relevance of entries in their records. The Client has the right to be allowed access to records and written information from records in accordance with sections 144.291 to 144.298 (MN Law)
8. Personal Interaction: Clients have the right to expect courteous consultation and testing, free from verbal, physical, or sexual abuse.
9. Other Treatment Available: Other services may be available in the community, additional information regarding IBFRT/Whisperology may be obtained through the Founder of IBFRT, Steve R Tonsager and the following database:
www.whisperology.com.
10. Right of Agency: The Client has the right to choose freely among available practitioners and to change practitioners after services have begun.
11. Records Transfer: The Client has the right to coordinated transfer of treatment records when there will be a change in the provider of services.
12. Right of Refusal: The Client may refuse services or treatment unless otherwise provided by law.
13. Right of Non-Retribution: The Client has the right to assert all the above-mentioned rights without retaliation from the Practitioner.

Please Note: See Wis. Stat. 51.30; 51.61; Wis. Admin Code Ch. DHS 92 and 94 for additional information on records and client/patient rights.

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I represent and warrant that I reviewed and that I understand the CAHC Client Bill of Rights.

Patient Full Legal Name

Patient/Parent/Guardian Signature

Date