

CLIENT BILL OF RIGHTS

This Client Bill of Rights contains important information about your legal rights while participating in healing services with your healing Practitioner. Please take time to read the following and ask your Practitioner if you have any questions.

(1) Contact Information.

Your Practitioner is Annette Roiko. You may contact your practitioner at any time using the following contact information:

- 14958 368th St. Menahga, MN 56464
- 218.366.9200
- gentlehealingtoday@gmail.com

Your Practitioner will respond within a reasonable period of time whenever possible.

(2) **Qualifications.**

Annette Roiko is certified in Emotion Code, Body Code & Belief Code

Annette Roiko has been practicing Energy healing for 11 years in other modalities and in the above certifications since 2024.

PLEASE NOTE: YOUR LOCAL JURISDITION MAY NOT HAVE ADOPTED ANY EDUCATIONAL OR TRAINING STANDARDS FOR UNLICENSED COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTITIONERS (INCLUDING ENERGY HEALERS). ANY STATEMENT OF THE PRACTITIONER'S CREDENTIALS IS FOR INFORMATION PURPOSES ONLY.

Under applicable law, unlicensed complementary and alternative health care practitioners (including energy healers) may not provide a medical diagnosis or recommend discontinuance of medically prescribed treatments. If you desire a diagnosis from a licensed physician, chiropractor, or mental health practitioner, or services from a physician, chiropractor, nurse, physical therapist, dietitian, nutritionist, mental health practitioner, or any other type of healthcare provider, you may seek such services at any time.

(3) Complaints.

If you are not satisfied with the services you are receiving, you may contact your Practitioner at any time. Your Practitioner will make a good faith attempt to understand your concerns and resolve any problems. You may terminate services at any time if the problems cannot be resolved or if you decide that you and your Practitioner are not a good fit.

(4) Fees for Service.

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The fees for healing services with your Practitioner are \$75 for a New Client session & \$50 for all Follow-up sessions. Fees may change periodically and you will receive written notice of any increase or decrease.

If you feel you are being charged more than you agreed to pay, or if you are having any financial problems that make payment difficult, please contact your Practitioner right away and your Practitioner will attempt to resolve the situation promptly.

(5) Notice of Changes.

You have the right to complete and current information. Your Practitioner will notify you in writing promptly if there are any changes to policies, procedures, terms, or fees. If you feel anything has been changed without notice, please contact your Practitioner right away.

(6) <u>Description of Modality.</u>

Energy healing is a holistic healing tool that has been used by numerous cultures for thousands of years. The intent of energy healing is to unlock the body's natural ability to correct misalignments and imbalances that may lead to physical and emotional symptoms.

Please remember that energy healing modalities (including The Emotion Code[™] and The Body Code[™]) are not intended to substitute for care from a licensed physical or mental health professional. Please seek the advice of a licensed professional where appropriate and follow your professional's advice.

(7) <u>Confidentiality.</u>

We recognize that mutual trust is essential to the Practitioner-client relationship and your ability to achieve positive results from energy healing. Accordingly, your Practitioner takes your privacy and confidentiality very seriously and will keep private and confidential all information that you may divulge during the process of purchasing and participating in your healing sessions.

Subject to the exceptions set forth in the following paragraph, your information will not be released to any person or entity unless you grant written permission. If you want your Practitioner to discuss your information with anyone else (such as a friend, family member, or healthcare professional), please let your Practitioner know in writing what specific information you would like released.

PLEASE NOTE: the information you supply to your Practitioner is NOT subject to any legal privilege (such as a doctor-patient or therapist-patient privilege). **Therefore, your Practitioner may release your information without your permission in the following circumstances:**

- (a) When required to comply with a valid subpoena or order from law enforcement, an administrative agency, or a court of competent jurisdiction;
- (b) When your Practitioner forms a reasonable suspicion that you may be engaged in child abuse, elder abuse, or human trafficking; and/or
- (c) When your Practitioner forms a reasonable suspicion that you may be about to cause harm to yourself or others.

If your information is released without your permission in one of the above-listed circumstances, only the minimum required information will be released and you will be informed in writing where legally permitted.

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(8) Your Rights.

In addition to any rights listed above, you have the following rights:

- (a) To know of your Practitioner's assessment of your situation and recommendations for service, including any expected duration of service.
- (b) To professional, courteous, and ethical treatment and interactions at all times.
- (c) To be free from verbal, physical, and/or sexual abuse by your Practitioner.
- (d) To receive services free from discrimination on the basis of race, ethnicity, age, religion, sex, or gender identity.
- (e) To access any written records that your Practitioner may keep and which pertain to you specifically.
- (f) To request a list of other services that you may access to address your physical and emotional ailments.
- (g) To terminate or refuse services at any time, provided that any amounts you have paid may be nonrefundable.
- (h) To assert your rights without fear of retaliation or discrimination.

If you feel that your rights have been violated, then please contact your Practitioner immediately to address the situation.

I received a copy of The Bill of Rights:_____ Date:_____ Practitioner Annette Roiko Date:_____