

Colleáyn T. Klaibourne

Spring Forest Qigong Master Healer, Health Intuitive, Wellness Educator & Artist

PO Box 250 ♦ Red Wing, MN 55066-2110

651-388-6782

Email: colleayn@ckgalleria.com

Website: www.qigong.ckgalleria.com

Hi,

Here is your copy of the Client Bill of Rights. I have one for you to sign and bring to your appointment within the packet. This one is for you to keep.

Please scroll down to find the document.

Warmly,
Colleáyn

Colleáyn T. Klaibourne

Spring Forest Qigong Master Healer, Wellness Educator, Health Intuitive and Artist
PO Box 250 ♦ Red Wing, MN 55066 ♦ 651-388-6782

Complementary and Alternative Health Care Client Bill of Rights

In accordance with MN Statute 146A

Persons seeking services from Colleáyn T. Klaibourne must receive the following information:

1. The name, title, business address, & telephone number of the unlicensed complementary & alternative health care practitioner. Seeing Clients at: Mayo Clinic RW Health System Professional Building (Old Fairview Hospital), 1407 W. 4th St., Red Wing, MN 55066, 651-388-6782, colleayn@ckgalleria.com website: www.ckgalleria.com
2. The degrees, training, experience or other qualifications of the practitioner. My education and experience are as follows:

Bauman College Holistic Nutrition & Culinary Arts

2014 – 2015

Holistic Nutrition

UW-Stout

1986-1991

B.F.A.: Art, Interior Design

Minor: Business Administration

Magna Cum Laude

Organizations Involved In

Spring Forest Qigong Association

Celiac Disease Organizations

Art Organizations

Qigong Education & Practice (Spring Forest Meditation and Healing)

1998 – present, Certified Master Healer

Certified Spring Forest Qigong Instructor level 1 & 2, 8/2008 & 10/2009

Master Chunyi Lin, Level 1 completed 9/19/99. Level 2 completed 11/21/99. Level 3 completed 5/21/2000. Level 4 completed 2/18/2001, Master Healer 2009.

Clement Chang, Summer, 1998

Spring Forest Qigong Association Member. We meet for three hours, two times a month.

I have been meditating since 1993 and have used Qigong Healing on others and myself since 1998.

Sancta Sophia Seminary

1994 – 1998, Pastoral Counseling Certification, June 24, 1995,

Practitioner Certification, (Lay Minister) September 22, 1996

Administer and perform spiritual healing, give counsel and spiritual instruction, teach spiritual tenets, aids to spiritual living, and perform duties with ministers and/or teachers or in their absence for them.

Sancta Sophia Seminary is accredited through the International Council of Community Churches (ICCC).

Public Speaker

1996 – present, Minneapolis/ St. Paul & Rochester, MN areas and England

Qigong, Spiritual transformational issues, Gluten Free diet, self-improvement, Near Death Experiences, & Art

Class Instructor

1996 – present, Spring Forest Qigong Meditation- Anoka Ramsey Technical College, Fairview Red Wing Health Services, SE Technical College- Red Wing, Winona State, & Rochester Technical College. Other courses- Gluten Free diet, Astrology, Dream Study, The Psychology of Colour, Flower Essences, Clearing Clutter, and Near Death Experience.

Other Related Work Experience:

Intuitive Readings 1991 – 1999, 2004 to present, Spiritual Consulting 1993 - present

Interior Design with Feng Shui- 1993 – 2001

PSYCH-K – 2007 – 2009

Healing Touch Training, Level 1 Certification- 9/1994 & 7/1995 & 12/2009

Flower Essence Practitioner – 1991 – 1999

Chakra, Colour & Healing Work - 1993 – 1999

National Dysautonomia Research Foundation: 2001 – 2004. I regularly continue my education by attending classes, conferences, weekend seminars, & reading books and medical abstracts (Research & Medical Abstracts for Dysautonomia, Celiac Disease, & Fructose Intolerance).

"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.";

3. The name, business address, and telephone number of the practitioner's supervisor, if any: **N/A**

4. The right to file a complaint with the practitioner's supervisor, if any, and the procedure for filing complaints: **N/A**

5. The name, address, and telephone number of the office of unlicensed complementary and alternative health care practice and notice that a client may file complaints with the office. The Office of Unlicensed Complementary and

Alternative Health Care Practice, Health Occupations Program, Suite 300, Golden Rule Building, P.O. Box 64882, St. Paul, MN 55164-0882, telephone at 651-282-6331.

6. The right to the practitioner's fees per unit of service, the practitioner's method of billing for such fees, the names of any insurance companies that have agreed to reimburse the practitioner, or health maintenance organizations with whom the practitioner contracts to provide service, whether the practitioner accepts Medicare, medical assistance, or general assistance medical care, and whether the practitioner is willing to accept partial payment, or to waive payment, and in what circumstances. I am unable to accept insurance, Medicare, medical assistance, general assistance medical care, etc. Fee information is given separately.

Payment & Cancellation Policies

Qigong Session in person, For Individuals, \$100.00 per hour.

Qigong Long distance Session, For Individuals & Pets.

Individual Healing Sessions: Please see website: www.qigong.ckgalleria.com for session fees.

Payment is due in advance of a long distance healing session. The session will occur after Colleáyn T. Klaibourne receives the payment.

Returned checks: There is a \$35.00 service fee for all returned checks.

Cancellation Policy: Out of respect of Colleáyn Klaibourne and other clients, if you are not going to keep your appointment, I must know no later than 24 hours in advance. A \$25.00 fee will be charged for all appointments not canceled within this time. If you are 15 minutes or more late, I may need to reschedule you so that I do not run over into valuable work time with others. This does not pertain to weather & medical emergencies.

Note: In order to receive services, you must be current with your payments.

Right of refusing service: Colleáyn Klaibourne reserves the right to refuse service if for any reason her services, guidance or insights are not suited to the person and/or their situation or appropriate for either party. Colleáyn is not in any way whatsoever obligated to accept every request made by its clients and reserves the right to refuse service to anyone, for any reason, with or without stating a cause.

7. The right to reasonable notice of changes in services or charges
8. A brief summary, in plain language, of the theoretical approach used by the practitioner in treating patients. Qigong (pronounced Chee Gong) is an Ancient Art of Healing practiced in China for over 5000 years. Qi = life energy and Gong = work. Therefore, Qigong means working with the life force energy. Qigong works gently with your energy system to remove blocks, open up your channels, and to fill you with powerful, loving life energies of the Universe. As the Spiritual/ Universal energies go in to remove the blocks, the Qi (life force) is able to go wherever it needs to go. By restoring the normal flow of Qi, the body naturally and innately returns to balance. Psych-K™ is a way to change beliefs that limit or sabotage you into beliefs that support you.
9. The right to complete and current information concerning the practitioner's assessment and recommended course of treatment, including the expected duration of treatments. Please note: Each case is done on an individual basis.
10. The right to courteous treatment and to be free from verbal, physical, or sexual abuse by the practitioner.
11. The right that 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.
12. The right to be allowed access to records and written information from records in accordance with section 144.335
13. The right to know that other services may be available in the community, including where information concerning services is available. Medical Care: Mayo Clinic Health System Red Wing Clinic: 651-267-5000
Body Kneads: 651-267-0118, The Edge. This has many Complementary Health practitioner names.
14. The right to choose freely among available practitioners and to change practitioners after services have begun, within the limits of health insurance, medical assistance, or other health programs.
15. The right to coordinated transfer when there will be a change in the provider of services
16. The right to refuse services or treatment, unless otherwise provided by law
17. The right to assert these rights without retaliation.

Subd. 2. [Acknowledgement by Client.] Prior to the provision of any service, a complementary and alternative health care client must sign a written statement attesting that the client has received the complementary and alternative health care client bill of rights.

In signing below, I acknowledge that I have read, understand, and have received the Complementary & Alternative Health Care Bill of Rights.

Signature of Client or Legal Guardian: _____

Print name: _____

Date: _____

Signature of Parent if Client is under the age of 18: _____

Print name: _____

Date: _____