

Rejuvenate Holistic Wellness Justine Kolb- Herbalist, NC

4796 Eriks Blvd Eagan MN 55122
Cell: 651-270-6299 Land: 651-452-2194

Welcome to my practice. I provide herbal wellness consulting services to individuals. These services may or may not be used in combination with herbalism and nutrition based on the client's needs and wants. I take a holistic approach to facilitating the body's innate ability to heal itself.

Education & Training:

- Nutrition Courses, Canada College, CA 2007
- Children's Nutrition Courses, Skyline College, CA 2007
- Bauman College Holistic Nutrition Consultant program, 2010-2012
- Bauman College Eating 4 Health Internship, 2012
- Training in Young Living Essential 'Oils, 2013
- Three Seasons of Herbal Wisdom, Lise Wolff 2018
- Holistic Health and Herbal Education Festivals, Belle Plaine, MN 2017, 2018
- Member of the North Country Herbalist Guild
- Continuing education on Herbal Classes/Training through local herbalists
- Well read on the topic of Herbalism and Nutrition Biology/Therapeutics

Approach & Assessment:

My consulting services focus on gaining an understanding of you as a whole person. Using assessment techniques such as pulse testing, tongue analysis and an understanding of anatomy and physiology. I recommend supporting foods and lifestyle practices to teach individuals to make good decisions to support their well-being. My goal is to facilitate the body's innate ability to heal itself.

Complementary & Alternative Health Care Client Bill of Rights:

Since 2001, Minnesota state law protects the rights of consumers to receive complementary and alternative care from unlicensed providers. The State requires that the practitioner provide the following information to you.

I am not a Registered Dietitian or a Medical Doctor. As such, I do not provide medical nutrition services, or diagnose and treat disease. I do, educate and inform people on the benefits of a healthy lifestyle to improve their quality of life. I advise people with existing medical problems to consult with medical doctors.

Before I can provide you with any service, you must sign a written statement attesting that you have received this Complementary and Alternative Health Care Client Bill of Rights. Please ask and discuss with me if you have any difficulty reading or understanding this information.

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.

Client's Rights:

The client has the right to the following:

- Reasonable notice of changes to the prices, services, or policies
- Client's records and transactions will be kept confidential and will not be released, unless authorized by the client in writing or as otherwise provided for by law
- Access to client records of consultations (in accordance with sections 144.291 to 144.298 Minnesota statutes)
- Courteous treatment, free from verbal, physical, or sexual abuse
- May seek other similar services available in this same community, or information about such services



-Freely choose available practitioners and change practitioners after services have begun

Complaints:

If the client has a complaint or concern about the care or services they have received, the client may contact the Office of Unlicensed Complementary and Alternative Health Care Practice located in Minnesota Department of Health:

Minnesota Department of Health
Office of Unlicensed Complementary and Alternative Health Care Practice
P.O. Box 64882
St. Paul MN 55164-0882

Website: www.health.state.mn.us
Phone: 651-201-3728
Fax: 651-201-3839

Fees for Service:

Fees are due at the time of service.

Initial Consultation (1-2 hours)
\$150.00 Fees for remedies are in addition to the consultation fee and range from \$15-\$35 each.

Follow-up (30 min-1 hour)
Minimum fee of \$40, \$60 per hour, prorated at 15 minute increments.

Cancellation

A 24-hour notice is required for a change or cancellation of appointment.
A \$40 fee is charged for a missed appointment or less than 24-hour notice.

I do not submit or handle insurance claims. An invoice/detailed receipt can be provided, upon request, if you are able to file a claim with your insurance company. I do not accept Medicare or Medical Assistance. If you are unable to pay the full fee at the time of service please discuss this with me prior to your appointment. A payment plan may be arranged. This plan must be agreed upon and in writing prior to your appointment. In order to continue receiving services you must be current with your payment plan agreement.

I have received a copy and understand the Complementary and Alternative Health Care Client Bill of Rights.

Print Name: _____

Client or Guardian Name: _____

Sign: _____ Date: _____

