

**Thistle Patch Wellness LLC**  
**Kara Swenson - Herbalist & Integrative Nutritionist**  
**132 N Agency Street, Eagle Lake, MN 56024**  
**(507) 251-1437**

Kara has been working with clients one-on-one since 2017 and has been independently teaching herbalism classes and workshops since 2022.

### **Training and Education**

- 2017 Professional Level Nutrition Response Testing, Ulan Nutritional Systems, Florida
- 2021 Bachelor of Science in Integrative Nutrition, Huntington University of Health Sciences, Tennessee
- 2022 3 Seasons Herbal Apprenticeship (185 hour) with Lise Wolff, AHG Herbalist, Minnesota
- 2025 Lindera: an online herbal intensive with jim mcdonald, Herbalist, Michigan

### **Complementary & Alternative Health Care Client Bill of Rights**

In Minnesota, the right of the consumer to receive complementary and alternative care from unlicensed providers is protected by law. The State requires that the practitioner provide the following information to you. If you have difficulty reading or understanding this information, please discuss this with your practitioner prior to your initial consultation. Before Thistle Patch Wellness 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.

"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."

### **Client's Rights**

The client has the right to following:

- Reasonable notice of changes in services or charges
- Courteous treatment free from verbal, physical, psychological or sexual abuse by the practitioner
- Has access to the records of the visit (in accordance with section 146A.11 Minnesota statutes)
- May seek other, similar services in the community, or information about such services
- May switch to other providers after having begun with this provider
- Records and transactions with the practitioner will be kept confidential unless release is authorized in writing by the client (see note)

Note:

Teaching herbalism is a main pillar of my practice. Please understand that stories and case histories may be shared anonymously in lecture or in articles in order to illustrate the efficacy or use of herbal medicine. Please tell Kara if you would prefer she not use any of your information for educational purposes, even if anonymously.

## 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:

Mailing address: P.O. Box 64882, St. Paul, MN 55164-0882

Phone: 651-201-3731

Fax: 651-201-3839

Website: [www.health.state.mn.us](http://www.health.state.mn.us)

## Fees for Services

**Fees Payable at the time of service. Cash, Check, or Venmo accepted.**

Initial consultation (1 1/2 – 2 hours) \$160.00 plus the price of the remedies.

Remedies often cost between \$25-60 dollars at the initial consultation.

Follow-up visits \$80 per hour, prorated at 15 minute increments.

Follow-up visits generally last 30-60 minutes, with a minimum fee of \$50. Remedies additional.

Cancellation: A 48-hour notice is required for a change or cancellation of appointment.

A fee of \$50 is charged for a missed appointment or lack of 48-hour notice.

I do not submit or handle insurance claims; however a receipt can be provided for you if you are able to file a claim with your insurance provider. 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 so that a payment plan can be arranged. This plan must be agreed to in writing prior to the provision of services. In order to continue to receive service, you must be current with your payment plan agreement.

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

Client Name (Print) \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian name (if applicable, Print) \_\_\_\_\_

Signature of Client and/or Parent/Guardian \_\_\_\_\_