



Oasis Energy Solutions, LLC

Patty Koljonen

*Life Energy Coach, Reiki Healer,
End of Life Doula, Spiritual Retreat Creator*

PO Box 273, Cambridge, MN 55008

Cell: 763-528-1524

Patty@theOasisEnergySolutions.com

Client Complementary & Alternative Health Care Bill of Rights

In accordance with Minnesota Statute 146A governing unlicensed complementary and alternative health care practitioners

Business Name: Oasis Energy Solutions, LLC
Practitioner: Patricia Koljonen
Titles: End-of-Life Doula, Coach, Reiki Practitioner
Address: 31483 Rochester Street NE, PO BOX 273, Cambridge, MN 55008
Phone Number: 763-528-1524

QUALIFICATIONS:

1. End-of-Life Doula ~ INELDA (International End Of Life Doula Association) 2019
2. Coach ~ ARCC (Anoka Ramsey Community College) 2022
3. Reiki Practitioner ~ Euphoric Source (Level 2) 2018
4. Experienced writer and presenter of spiritual retreats
5. Lifetime learner
6. Moments Hospice Volunteer, End-of-Life Doula Training Team Member 2021

"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, osteopathic physician, 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."

Notice: A complementary and alternative health care client has the right to file a complaint with the practitioner's supervisor. I am self-employed; therefore, I have no supervisor within my business.

Notice: A complementary and alternative health care client has the right to file a complaint with:

Office of Complementary and Alternative Health Care Practice Health Occupations Program, Division of Compliance Monitoring

**Minnesota Department of Health
85 7th Place E, Suite 220
PO BOX 64882
St. Paul, MN 55164-0882**

FEES AND PAYMENTS:

1. Fees:

A. Coaching Session	\$50.00	½ Hour
B. Reiki/Energy Healing Session	\$75.00	1 Hour
1. Session Report	\$75.00	
C. Doula Services	TBD	@ Consulting Session
D. Retreat Writer/Presenter (a.)	\$100.00	per Person attending
a. \$750.00		Minimum/Weekend

b. Methods of Payment:

- A. Checks payable to Oasis Energy Solutions, LLC
 - B. Cash
 - C. Venmo
2. Client will be billed per prior to each session; with exception of Doula Services. Doula Services will be billed per written agreement per client @ Consulting Session.
 3. Client agrees to pay fees at least 24 hours in advance with the forementioned methods of payments.
 4. I do not accept insurance, Medicare, or Medical Assistance.
 5. Client has the right to reasonable notice of changes in services and charges.

THEORETICAL APPROACH SUMMARY:

Encourage people through Coaching, Doula, Reiki, and retreats to promote, create and live a healthy lifestyle: physically, mentally, financially, relationally, and spiritually.

Coach: I empathetically help the client see the highest potential within themselves so they can call it out, and into being, in a judgment-free environment. I encourage the client to inspire themselves, in the creative process, to set visions and measurable goals that improve their thoughts, actions and beliefs, which result in optimal performance and quality of life. I help the client set realistic accountability standards for themselves.

Reiki Healer: Reiki means “Spiritual Energy; “Universal Life Force”; “Chi” (vital life force energy. Reiki improves and balances energy throughout and around the body, promoting relaxation, reducing stress, and improving overall health. With the connection to God’s life-force energy and the energy of client, my hands are placed just above client’s body or gently place on client’s body to assist in the transfer of and the elevation of their energy that promotes healing.

End-of-Life Doula: I guide the dying and their loved ones to live the best life they can through the end-of-life season; giving the dying peace of mind so they can leave; and giving peace of mind to the living so they can live. I empathically and compassionately listen to and adhere to the wishes of the dying.

Spiritual Retreat Writer and Presenter: I listen for and receive spiritual direction from God regarding spiritual topics to write weekend retreat content. I create and present weekend retreats and spiritual teachings and studies; complete with teachings, self-reflection, self-care, and music that encourage people to become spiritually alive.

Notice: Client has the right to complete and current information concerning the practitioner’s assessment and recommend service that is to be provided, including the expected duration of the service to be provided. See Fee Structure mentioned above regarding timeframes. Client has the option to continue or discontinue services.

Notice: Client may expect courteous treatment and to be free from verbal, physical, or sexual abuse by the practitioner.

Notice: Clients 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.

Notice: Client has the right to access to records and written information from records in accordance with sections 144.291 to 144.298 See link:
<https://www.revisor.mn.gov/statutes/cite/144.291>

Notice: Client has the right to other services which may be available in the community.

Coach <https://www.theravive.com/cities/mn/career-counselor-cambridge.aspx>

End-of-Life Doula <https://inelda.org/>

Reiki <https://www.euphoricsource.com/>

Retreat <https://www.facebook.com/ArcRetreat/>

Notice: Client has 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.

Notice: Client has the right to coordinated transfer when there will be a change in the provider of services.

Notice: Client has the right to refuse services or treatment, unless otherwise provided by law.

Notice: Client has the right to assert the client's right without retaliation.

ACKNOWLEDGMENT 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.

I hereby acknowledge receipt of Complementary and Alternative Health Care Client Bill of Rights, and I have had opportunity to receive clarification in all areas I had questions regarding said Bill of Rights. I understand my rights as a Client.

Client Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Relationship to Signor: _____