



a fresh approach to health care

4450 Nicollet Ave S Minneapolis, MN 55419
Phone: (612) 598-8627 | Fax: (612) 284-7910

Name	Email
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How did you hear about Wellness Minneapolis?

- | | | |
|--|---|--|
| <input type="checkbox"/> Internet search | <input type="checkbox"/> Neighborhood | <input type="checkbox"/> Referral from health care provider: _____ |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Recommendation from friend or family member: _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Instagram | | |

Would you like to sign up for our bi-monthly email newsletter that contains health tips, recipes, class schedules and other information from Wellness Minneapolis? If you decide you don't like the newsletter you can opt out with one easy click.

- Yes, please sign me up! I already get it. No, thank you.

Wellness Minneapolis is a consortium of independent practitioners.



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Client Responsibility Statement*

Scheduling Appointments - Wellness Minneapolis uses a 3rd party HIPAA-compliant software to manage your appointments. You will receive email confirmations for your appointments from this software. Please direct any questions about scheduling to Wellness Minneapolis.

Electronic Communication - We cannot guarantee the security of electronic communication such as texting, email or voicemail. Your practitioner(s) may offer a secure email platform to communicate between appointments. Please direct any questions about how to communicate about your wellness plan to your practitioner(s). Email and text messages are not a secure way to communicate with your health care practitioner(s).

Cancellation and Missed Appointment Charges - If an appointment is cancelled with less than 24-hour business day (Monday through Friday) notice you will be responsible for the full fee of your scheduled appointment. The card used to hold this appointment will be charged.

Voicemail Policy - Wellness Minneapolis is able to call and leave a message on the phone number you provide about appointment information.

Payment - Payment collected for services with Dr. Barrett or Jesse Haas and all dietary supplements, botanical formulations, homeopathic remedies and any other items in our medicinary will be collected by Wellness Minneapolis. The credit card you used to schedule your appointment will be charged for payments. You may change this card at any time by contacting Wellness Minneapolis. Payment for services with any other practitioner(s) who operate at Wellness Minneapolis will be collected by them directly. Please direct any questions about payment to the appropriate party.

Insurance - Wellness Minneapolis will not bill your health insurance for any services rendered. Please discuss reimbursement options with your practitioner(s).

Returns and Refunds - Neither products that have been opened nor custom formulations may be returned for a refund. Products purchased from Wellness Minneapolis may be returned within 30 days of purchase if the product is unopened. After 30 days the product may be returned if unopened and not expired for store credit only to be used towards future product purchases. If purchased products are not picked up within 90 days the product will be shelved and resold without refund.

HSA and Flex Accounts - Wellness Minneapolis is authorized to accept HSA and Flex accounts. It is the responsibility of the account holder (patient/client) to ensure that the services and/or products are covered by your plan.

By signing below, I certify that I fully understand the above policies.

Client name: _____ Signature: _____ Date: _____

*These policies are for Wellness Minneapolis, Sara Jean Barrett, ND and Jesse Haas, CNS, LN.
All other practitioner(s) operating at Wellness Minneapolis are independent businesses.

PLEASE TURN OVER TO CONTINUE →

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF
PRIVACY PRACTICES

This document is to be signed by a person legally responsible for the patient's medical decisions relative to the treatment situation.

I, _____ (patient name), hereby acknowledge that Wellness Minneapolis* has provided me with a copy of its Notice of Privacy Practices that describes how demographic information about me may be used and disclosed, and how I can access this information. I understand that if I have questions or complaints I may contact:

Wellness Minneapolis*
Sara Jean Barrett (612) 598-8627

I also understand that I am entitled to receive updates upon request if Wellness Minneapolis changes its Notice of Privacy Practices in a material way.

Signature

Date

Patient name

Relationship to Patient, if signed by
someone other than patient.

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