



Sonia Casey, LLC

Herbalist + Bach Flower Remedy Practitioner + Certified Holistic Health Coach

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About me:

My work and passion in wellness was sparked by the hugely positive response to my family's holistic wellness journey. I began as a Certified Holistic Health Coach in January 2014 and my work as an herbalist began in 2016.

Education & Training:

- University of Minnesota: BS Accounting & Japanese Language
- Institute for Integrative Nutrition 2013-2014
- Holistic Nutrition Lab Digestive Intensive 2015 Andrea Nakayama, FNLP, MSN, CNC, CNE, CHHC, Founder
- Reiki Master Level 1, Level 2, Level 3: January, April, May 2015
- Normandale College: Aromatherapy Foundations & Intention, Intuition, & Aromatherapy
- Three Seasons of Herbal Wisdom 2016 Lise Wolff RH (AHG), MSc
 - 11 month hands on program with a leader in the herbalism community
- Herbalists Without Borders Trauma Training 2016
- Women's Health and Herbs Series 2017 Erin Piorier, Registered Herbalist (AHG), CPM
- Holistic Nutrition Lab Full Body Systems 2017 Andrea Nakayama, FNLP, MSN, CNC, CNE, CHHC, Founder
- Ongoing education: Minnesota's Herbal Education Festival, Herbalists Without Borders, North Country Herbalist Guild, and more.
- Shadow Intensive 2017 New Earth Mystery School
- Shamanic Priestess Process & Transformational Work 2018 New Earth Mystery School
- Ordained Shamanic Minister 2018 Venus Rising Association for Transformation
- Bach Flower Level 1 July 2021 Dynamic Mastery, Inc. in partnership with The Bach Centre, England
- Bach Flower Level 2 September 2021 Dynamic Mastery, Inc in partnership with The Bach Centre, England
- 'Intermediate Homeopathy Study Group' January 2023 - Jennie Hogle CCH & Kathy Yeo CCH
- 'My Healthy Beginning' Method of Intentional Inquiry - Basic Muscle Testing - May 2023 - Nichole Hirsch Kuechle
- 'My Healthy Beginning' Method of Intentional Inquiry - Adv. Muscle Testing - May 2023 - Nichole Hirsch Kuechle

Theoretical Approach & Assessment:

As an herbalist and a health coach, my goal is to facilitate the body's innate ability to heal itself. I take a whole body approach to listening to your concerns and goals that may include food and lifestyle suggestions. I see each client as a unique individual. I use assessment techniques and tools including:

- Chinese concepts of organ systems
- Health Coaching techniques that include the latest wellness trends
- Homeopathic indications
- Pulse Testing & Muscle Testing
- Tongue and facial assessment
- Western understanding of anatomy and physiology

Complementary and 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 me. 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*. In accordance with Minnesota Statutes Section 146A.11.

“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.”

Client’s Rights:

The client has the right to the 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 Minnesota Statutes Section 146A).
- 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:

There may be occasions when Sonia, the practitioner, may need to seek the advice of a peer in the wellness community. Your case will be shared anonymously. She also teaches classes and your case histories will be shared anonymously in the lecture in order to illustrate the efficacy of herbal medicine. Please tell Sonia if you would prefer she not use any of your information for educational purposes, even if anonymous.

Professional Supervision:

The consumer has the right to file a complaint with the appropriate state office:

Minnesota Department of Health

Office of Unlicensed Complementary and Alternative Health Care Practice (OCAP)

PO Box 64882 St. Paul, MN 55164- 0882 651.201.4200

Fees for services:

Fees are payable at the time of the service. Fees for the remedies are in addition to the consultation fee. The cost of remedies will vary.

- **Initial consultation (2 hours) \$188 for Adults. \$100 for Children.** Includes up to 1 oz of herbal tinctures, one 1 oz salve, and/or 1 Herbal Tea Blend. Vitamins and supplements are an additional cost.
- **Follow-up Visits (60 minutes) \$88 for Adults & Children.** Includes up to 1 oz of herbal tinctures, one 1 oz salve, and/or 1 Herbal Tea Blend. Vitamins and supplements are an additional cost.
- **Acute Visits (30 to 60 minutes) \$88.** Includes up to 1 oz of herbal tinctures, one 1 oz salve, and/or 1 Herbal Tea Blend. Vitamins and supplements are an additional cost.
- **Cancellation:** A 24-hour notice is required for a change or cancellation of appointment. A fee of \$88 is charged for a missed appointment or lack of 24-hour notice.

I do not submit or handle insurance claims; however, a receipt will 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 services. In order to continue to receive services, 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 _____