

CLIENT BILL OF RIGHTS

Homeopathic Health Clinic
821 Raymond Avenue, Suite 110
St. Paul, MN 55114
651.379.1198

I am pleased to provide you with this Client Bill of Rights, in accordance with Minnesota laws governing complementary and alternative health care practices.

1. Degrees, training, and experience.

Practitioner training information

In accordance with Minnesota law, I am providing you with the following notice:

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 INFORMATIONAL 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.

2. Right to file a complaint. If you have any concerns, you may file a complaint with the following office:

Office of Unlicensed Complementary & Alternative Health Care Practice

Health Occupations Program, Minnesota Department of Health
P.O. Box 64882
Saint Paul, MN 55164-0882 Tele. 651.201.3728

3. **Fees for unit of service.** Please see attached fee statement in your registration packet. Fees are payable in full at the time of service by *check, cash, MasterCard, Visa, or American Express*. I do *not* accept Medicare, Medical Assistance, or General Assistance Medical Care.
4. **Change in services or charges.** You have a right to reasonable notice of changes in services or charges, and we will provide prior notice of any changes.
5. **Description of services.** See About Homeopathy on my website at www.homeopathichealthclinic.com If you have any questions, please ask.

6. **information about assessment and recommended service.** You have a right to complete and current information concerning any assessment and recommended service, including the duration of the service to be provided. If you have any questions, please ask.
7. **Courteous treatment.** You may expect courteous treatment and to be free from verbal, physical, or sexual abuse by the practitioner.
8. **Confidentiality of client information.** Your records and other information about you are confidential. This information will not be released, unless you authorize release in writing, or unless release is required by law.
9. **Access to client records.** You are allowed access to records and other written information, in accordance with Minnesota Statutes 144.291 to 144.298.
10. **Other available services.** If you are interested in other available services in the community, you may wish to consult the Minnesota Homeopathic Association.
11. **Changing practitioners.** You have a 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.
12. **Coordinated transfer.** If you change practitioners, you have the right to my assistance in coordinating this transfer to another practitioner.
13. **Refusing services.** You have the right to refuse services or treatment, unless otherwise provided by law.
14. **No retaliation.** You may assert your rights without retaliation.

I hereby acknowledge receipt of the Client Bill of Rights and the attached documents incorporated therein, and I have had a full opportunity to ask any questions I have about this document and my right as a client. I understand my rights as a client.

Client Signature:

Date:

Parent or Guardian Signature:

Date:

Witness Signature:

Date: