CLIENT BILL OF RIGHTS

CLASSICAL HOMEOPATHY
Beth Knudtsen-Spears, CCH
Certified CEASE Therapist
2 Enterprise Ave. NE
Suite C-1
Isanti, MN 55040
763-552-HEAL (4325)

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

1. Degrees, training and experience:
   CEASE (Complete Elimination of Autism Spectrum Expression) training: completed 2-13
   School of Bombay: Sensations: two year course 9-11
   Dynamis Course for Advanced Practitioners: three year course 6-07
   Luminos School of Homeopathy: two year course 6-03
   Northwestern Academy of Homeopathy, three year program 6-02
   University of Northern Colorado, BA Gerontology 6-82

In accordance with MN law, I am providing you with the following notice:
THE STATE OF MN HAS NOT ADOPTED ANY EDUCATIONAL AND TRAINING STANDARDS FOR UNLICENSED COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTIONERS.
This statement of credentials is for information purposes only.

Under MN 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, athletic trainer or any other type of healthcare 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 and Alternative Health Care Practice
MN Dept of Health, 87 East 7th Place St. Paul, MN 55101-2192   PH # 612-215-5800
3. Fees for service: Please see fee statement. I do not accept Medicare, Medical Assistance or General Assistance Medical Care. I do not accept partial payment or waive payment.
4. Change of services or charges: You have a right to reasonable notice of changes in services or changes and I will provide prior notice of any changes.

5. Summary of Practice/Service: Please review the information that provides a detailed description of Classical Homeopathy. If you have any questions, please ask.
6. Information about assessment and recommended service: You have a right to complete and current information concerning my assessment of recommended service, including the expected 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, ore 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 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 MN statutes, section 144.335.
10. Other available services: If you are interested in other available services in the community, you may wish to consult the MN Homeopathic Association.
11. Change of practitioners: You have the right to choose freely among available practitioners and to change practitioners after services have begun with in the limits of health insurance, medical assistance or other health programs.
12. Coordinated transfer. If you change practitioners, you have the right to our 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 with out 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 rights as a client. I understand my rights as a client.

_____
Client Signature   Date

_____
Parent or Guardian Signature   Date

_____
Witness   Date