

CLIENT BILL OF RIGHTS

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** Mary Stangler is a graduate of the Northwestern Academy of Homeopathy in Golden Valley Minnesota (2007) and holds a Masters in Human Development from St. Mary's University in Minneapolis Minnesota (1991). She has been in practice since 2005.

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, dietician, nutritionist, acupuncture practitioner, athletic trainer, or any other type of health care provider, the client may seek such services at any time.

2. **RIGHTS 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
Health Occupations Program, Minnesota Department of Health
85 East Seventh Place, Suite 300, PO Box 64882
Saint Paul Minnesota, 55164
Tel. 651.282.3823, Fax 651.282.3839

3. **FEES FOR UNIT OF SERVICE** FEES ARE PAYABLE AT THE TIME OF SERVICE, BY CASH OR CHECK (see attachment, Fee Schedule/Payment Policy). I do not accept Medicare, Medical Assistance, or General Assistance Medical Care. I do not accept partial payment or waive payment.
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** Please see article What is Homeopathy, provided to you in your information packet or visit my website www.stanglerhomeopathy.com
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 law requires release.
9. **ACCESS TO CLIENT RECORDS** You are allowed access to records and other written information, in accordance with Minnesota Statutes 144.335.
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 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.
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 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 right as a client. I understand my rights as a client.

Client Signature

Date

Witness Signature

Date