

COMPLEMENTARY AND ALTERNATIVE HEALTH CARE CLIENT BILL OF RIGHTS

Please read and sign this Complementary and Alternative Health Care Client Bill of Rights. I am pleased to provide you with this client bill of rights in accordance with Minnesota Statute 146A governing unlicensed complementary and alternative health care practitioners.

Connie Karstens, MS - Herbalist & Holistic Health Educator
61231 MN Hwy 7, Hutchinson, MN 55350
(320)587-6094

Degrees, Training, Experience & Qualifications:

BA: Biology, St. Thomas University; MS: Health & Nutrition Education, Hawthorn University

Specialized Training from the following practitioners:

- Lise Wolff, R H (AHG), MSc: 10 month Herbalist Training Program, Advanced Women's Health Series and 18 month clinical apprenticeship
- Mathew Wood, R H (AHG), MSc: 9 month Herbal Medicines and Organ Systems Program, 6 month Holistic Evaluation & Clinical Skill Program.
- Dennis Anderson: Diagnostic Classes; Martin Bulgarin: Flower Essence Advanced Course

Experience:

- Nutrition Instructor at Ridgewater College for 14 years
- Worked as a health and nutrition educator since 1984
- Community Education Instructor for classes on nutrition, health, herbal medicine and wellness
- Clinical practice since 2005

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, nurse, osteopath, physical therapist, dietician, nutritionist, acupuncture practitioner, athletic trainer, or any other type of health care provider, the client can seek such services at any time.

Right to File a Complaint: Any client may file a complaint with the following state office. Office of Unlicensed Complementary & Alternative Health Care Practices, Health Occupations Program, Minnesota Department of Health, PO Box 64975, 121 East Seventh Place, Suite 400, St. Paul, MN 55165-0975. Phone: 651-282-5623.

Fees for Service: \$65 for initial 1 ½ hour consultation; \$35 per half hour for follow ups. Remedies extra.

Billing Method: Fees are payable at the time of service.

Insurance: I do not handle insurance claims and do not participate in any health maintenance organizations. However, clients will be provided with a receipt and may file a claim with their insurance provider if they wish. I do not accept Medicare, Medical Assistance or General Assistance medical Care. I do not accept partial payment or waive payment.

Change in Services or Charges: Clients have a right to reasonable notice of changes in services or charges.

Brief Summary of Theoretical Approach: I help to support the body's natural ability to heal itself and to restore balance. Each client receives an individualized program based on their unique biochemical needs. My goal is to guide and educate the client toward optimal health through nutrition, herbal remedies, life style and stress reduction techniques.

Assessment and Recommendations. Clients have a right to complete and current information concerning the practitioner's assessment and recommended services that is to be provided, including the expected duration of the service to be provided.

Courteous Service. Clients may expect courteous treatment and to be free from verbal, physical or sexual abuse by the practitioner.

Confidentiality. Clients records and transactions with the practitioner are confidential, unless release of their records is authorized in writing by the client or otherwise provided by law.

Records. Clients have the right to be allowed access to records and written information, in accordance with Minnesota Statutes, section 144.335.

Other Available Services. Other similar services are available in the community. Possible sources of information are the Minnesota Wellness Directory, newspaper directory, or telephone directory.

Changing Practitioners. Clients 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.

Coordinated Transfer. Clients have a right to coordinated transfer when there will be a change in the provider of services.

Refusing Services. Clients have the right to refuse services or treatment, unless otherwise provided by law.

No Retaliation. Clients may assert your rights without retaliation.

Prior to the provision of any service, a complementary and alternative health care client must sign a written statement attesting that the client has received the Complementary and Alternative Health Care Client Bill of Rights.

ACKNOWLEDGEMENT

I hereby acknowledge receipt of the Complementary and Alternative Health Care Bill of Rights. I have read and understand the Client Bill of Rights, or otherwise it has been read to me. 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.

I certify that I am here solely on my own behalf. I am not representing any other person, company, association and/or on the behalf of any government agency.

I approve the use of my records to be used as anonymous case history information for educational purposes in lectures, articles or books.

Client Signature or Parent /Guardian

Date

Printed Name: _____