

COMPLEMENTARY AND ALTERNATIVE HEALTH CARE CLIENT BILL OF RIGHTS

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Please read and sign this Complementary and Alternative Health Care Client Bill of Rights. This form is provided to you in accordance with Minnesota's Freedom of Access to Complementary Care Law (Statute 146A) governing unlicensed complementary and alternative health care practitioners. Prior to the provision of any service, a complementary and alternative health care client must sign a written statement confirming that the client has received the Complementary and Alternative Health Care Client Bill of Rights.

Education, Training, Experience & Qualifications:

Degrees:

- BS: Community Health Education, Minnesota State Mankato
- MS: Herbal Medicine, American College of Healthcare Sciences

Certificates:

- Certificate in Holistic Nutrition Consulting, American College of Healthcare Sciences
- Certified Health Education Specialist, National Commission for Health Education Credentialing

Specialized Training from the following practitioners:

- Connie Karstens, MS: Classes & training in Herbal Medicine, Nutrition, & Holistic Health
- MFT Certification Dr. Frank Springob

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, Minnesota Department of Health, 121 East 7th Place, Suite 400, PO Box 64975, St. Paul, MN 55164-00975. Phone: 651-201-3729. Web: www.health.state.mn.us

Fees for Service: \$75 per session. Appointments are approximately 60 minutes. Supplements & other services are extra. Payments are accepted in the form of cash, check or card.

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

Insurance: I do not submit or handle insurance claims. 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 or Medical Assistance. 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.

Approach: My goal is to help to support the body's innate ability to heal itself and to restore balance. Each client receives an individualized program based on their unique biochemical needs. My approach is to holistically guide and educate the client toward optimal health with nutrition, herbal remedies, supplements, nutrition, lifestyle, stress reduction techniques, and detoxing therapies.

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. Client 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 144.291 to 144.298.

Similar Treatment Options: Clients have many different options for alternative and complementary care in the community. Clients are free to seek out information about other practitioners and services and they are free to seek care through different providers.

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.

Non-Retribution: Clients may assert their rights fully without retaliation from the practitioner.

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 read 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 understand there will be no diagnosis made, nor prescription given but that Clara Rathke will offer an assessment for dietary, herbal, and nutritional recommendations to support my health. 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: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____