

Complementary and Alternative Health Care Bill of Rights

Healing Within Wellness Center
3200 N. Lexington Ave
Shoreview, MN 55126

“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, 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.”:

If you have any complaints about your therapy and wish to file a complaint to the government about your therapy, the address is:

Office of Unlicensed Complementary and Alternative Health Care Practice
MN Dept. of Health
Health Occupations Program P.O. Box 64975
St. Paul, MN 55164-0975
Phone: 651-282-5623 Fax: 651-282-5628 WWW: www.health.state.mn.us

You as a client will have reasonable notice of changes in services or charges. You have a right to complete and current information concerning my assessment and recommended service that is to be provided. You as a client may expect courteous treatment that is free from any physical or emotional abuse.

All your records and transactions are confidential, unless release of these records are authorized in writing by you, the client, or otherwise provided by law. You have a right to any of your records and written information from records.

If you have an appointment and cancel it within 24hrs of the scheduled time, you will be assessed a \$30.00 fee for the appointment.

Other therapist may be found in the phone book. You may choose freely among the available practitioners and change practitioners after services have begun. I will be happy to transfer any information you may request if another practitioner is requested. At any time during a therapy session, you may refuse services or treatment, unless otherwise provided by law; and you may assert your rights without retaliation.

Clients Signature: _____