

CLIENT BILL OF RIGHTS

Anne Hajek

Hajek Homeopathic Care

7104 W. Lake St, St. Louis Park, MN 55426

&

562 Bavaria Ln, Chaska, MN 55318

952-222-2729

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

Degrees, training, and experience: *Anne Hajek* has completed 4 years of training at Northwestern Academy of Homeopathy in St. Louis Park.

1. She is not a medical doctor and does not diagnose or treat as such. In accordance with Minnesota law, you are providing you with the following notice:

The current care you receive will be of a homeopathic nature and not allopathic (conventional medicine). Patients are advised to have and receive allopathic care from their primary care physician or provider. We will be pleased to coordinate your health care with your primary physician according to your wishes.

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

2. **Supervisor.** Anne Hajek is your Case Supervisor. Her name and office address are listed above. You have the right to file a complaint with her by writing a letter with details of the nature of the complaint.
3. **Right to file a complaint.** If you have any concerns, you may file a complaint with the following offices.

Office of Unlicensed Complementary and Alternative Health Care Practice
Health Occupations Program, Minnesota Department of Health
121 East Seventh Place, Suite 400, PO Box 64975
St. Paul, MN 55164-0975
651-282-6319, 1-800-657-3957, Fax 651-282-5628

4. **Fees for unit of service.** Fees are payable at the time of service, by cash, or check. (See

Attachment One, STATEMENT OF FEES.) We do not accept Medicare, Medical Assistance, or General Assistance Medical Care.

5. **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.
6. **Description of services.** Please see the article "What is Homeopathy," on www.HajekHomeopathy.com.
7. **Information about assessment and recommended service.** You have a right to complete and current information concerning any assessment and recommended service, including the expected duration of the service to be provided. If you have any questions, please ask.
8. **Courteous treatment.** You may expect courteous treatment and to be free from verbal, physical, or sexual abuse by the practitioner.
9. **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 release is required by law.
10. **Access to client records.** You are allowed access to records and other written information, in accordance with Minnesota Statutes, section 144.335.
11. **Other available services.** If you are interested in other available services in the community, you may wish to consult the Minnesota Homeopathic Association.
12. **Change 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.
13. **Coordinated transfer.** If you change practitioners, you have the right to our assistance in coordinating this transfer to another practitioner.
14. **Refusing services.** You have the right to refuse services or treatment, unless otherwise provided by law.
15. **No retaliation.** You may assert your rights without 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/Guardian
Signature _____ Date _____

(If client is a minor)