

# Complementary & Alternative Health Care Client Bill of Rights

Practitioner Name: Kaye Mills

Business Name: hotheart, LLC % Adagio Holistic Therapies, LLC

Business Address: 710 West 40th Street, Minneapolis, MN, 55409

Business Email: info@hotheart.com

Telephone number: (763) 354-4871 (Kaye), (612) 288-0488 (Adagio)

As of July 1, 2001, Minnesota's Freedom of Access to Complementary Care Law (Statute Chapter 146A) requires that you receive and acknowledge that you have received by your signature on this document, the following information prior to your treatment.

## **Kaye Mills hereafter, "the Practitioner" has the received following education, training & credentials:**

- Certificate - Cupping, Moxibustion and Gua Sha Level I, Adagio Holistic Therapies, Kimberly S. Hart
- Fundamentals of Traditional Healing, 9 Month Tutorial, Kimberly S. Hart and Selma Sroka
- Certificate - H.A.R.T. Method Foundations, Kimberly S. Hart
- Bachelor of Arts, Luther College, Decorah, Iowa

"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."

**Complaints:** If the Client has a complaint or concern about the care or services they have received, the Client may also contact the Office of Unlicensed Complementary and Alternative Health Care Practice located in Minnesota Department of Health: Mailing address: P.O. Box 64882, St. Paul, MN 55164-0882 Phone: 651-201-3728

## **Fees, Payment, Insurance, Cancellation Policy as of July 15, 2017:**

- **Fees**
  - 60 minute session is \$80 including all taxes
  - 45 minute session is \$60 including all taxes
- **Payment** - Cash or credit card (VISA/MC/Discover/AMEX), and payment for services is expected in full at the time of service. hotheart,LLC is able to supply a receipt at time of payment.
- **Insurance** - This Practitioner is not on contract with any HMOs, PPOs or any other Insurance Company to provide discounted services. This Practitioner does not accept Medicare, Medical Assistance or general assistance medical care.
- **Cancellation Policy** - hotheart, LLC requires a minimum of 48-hour business day advanced notice for cancellations or the client may be charged for the full appointment.

**Change of Price:** Clients have the right to reasonable notice of changes to the prices, services, or policies.

**Theory of Treatment:** The state requires a “Plain language” summary of the “theoretical approach used to provide service to clients”. Please reference the practitioner’s credentials. Client may also ask the practitioner.

**Right to Current Information:** Clients have the right to complete and current information concerning the practitioner's assessment and recommended service that is to be provided, including the expected duration of the service to be provided.

**Right to Confidentiality:** Client records are confidential and will not be released, unless authorized by the client in writing or as otherwise provided for by law.

**Right to Self Access:** Clients have the right to access to their own records maintained by the Practitioner’s office, in accordance with state statute sections 144.291 to 144.298.

**Personal Interaction:** Clients have the right to expect courteous treatment, free from verbal, physical, or sexual abuse.

**Right of Agency:** The Client has 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.

**Records Transfer:** The Client has the right to coordinated transfer of their records when there will be a change in the provider of services.

**Right of Refusal:** The Client may refuse services or treatment, unless otherwise provided by law.

**Right of Non-retribution:** The Client has the right to assert any, and all, of above-mentioned rights without retaliation from the Practitioner.

I (please print your name), \_\_\_\_\_, acknowledge by my signature that I have received and understand the Complementary and Alternative Health Care Client Bill of Rights.

Signature\_\_\_\_\_Date\_\_\_\_\_