

CHANGING PATTERNS
ENHANCING HEALTH
creating vibrant life

ADAGIO HOLISTIC THERAPIES, LLC
710 W 40th St, Minneapolis, MN 55409
612.288.0488 adagioholistic.com

**COMPLEMENTARY AND ALTERNATIVE HEALTH CARE
CLIENT BILL OF RIGHTS**

Maggie A. Rosek

Adagio Holistic Therapies, LLC, 710 W 40th St, Minneapolis, MN 55409
Telephone: 612.288.0488

Maggie Rosek, hereafter, “the Practitioner” has received the following education, training and credentials:

- Bachelor of Science Degree from The Art Institutes International Minnesota
- Fundamentals of Traditional Healing, 9 Month Tutorial with Kimberly S. Hart and Selma Sroka
- Cupping Level II in the H.A.R.T. Method

As of July 01, 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 the back of this page, the following information prior to your treatment.

“THE STATE OF MINNESOTA HAS NOT ADOPTED ANY EDUCATIONAL OR 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, 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 contact OCAP (Office of Alternative Practices) at 651.201.3728.

FEES, PAYMENT, INSURANCE AS OF JANUARY 1, 2017

60-MINUTE SESSION WITH MAGGIE ROSEK \$60.00 INCLUDING ALL TAXES

Payment is accepted by cash, check, credit card (VISA/MC). 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. Adagio Holistic Therapies, LLC does supply a receipt at time of payment with the appropriate CPT codes; thus the clients may submit for reimbursement themselves, if they so desire. Payment in full for services is expected at the time of service, unless otherwise arranged prior to the appointment. Maggie Rosek and Adagio Holistic Therapies, LLC requires a minimum 48 business hours (2 business days) advanced notice for cancellations or you may be charged for the full appointment.

- **Change of Price** – While changes in session fees can occur, reasonable notice of those changes is provided by session fees being posted in the Practitioner’s office, will be sent via online newsletter, or by the client asking when scheduling the appointment.
- **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 as this varies per practitioner. 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 their own records, maintained by the Practitioner’s office, in accordance with state statute 144.291 to 144.298.
- **Personal Interaction** – Clients have the right to expect courteous treatment, free from verbal, physical, or sexual abuse.
- **Other Treatment Available** – Other alternative therapy services are available to the Client in this same community. These can be located by asking the Practitioner, the provider who referred you to this practitioner.
- **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 your 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 the 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 _____