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CLIENT BILL OF RIGHTS

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Life Designs LLC

Rose Mahovsky, Classical Homeopath
(763) 647 9401

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: Rose has practiced Homeopathy since 2005. As of August of 2016, Rose is the past President of the Board of Directors with the Minnesota Homeopathic Association and past Executive Administrator of MHA. She completed her degree in Classical Homeopathy with the Caduceus Institute of Classical Homeopathy, a fully accredited four-year program in Santa Cruz, CA, and working toward the national certification as a Certified Classical Homeopath (CCH). Rose has completed her Certification in HFA (Homeopathic Facial Analysis) in 2011, with The Victorian College of Classical Homeopathy in Melbourne Australia, a fully accredited Homeopathic college with hours towards her CCH certificate. Completed the Acute Homeopathic Therapeutics Certificate of Completion for the 50 hours professional course with Caduceus. Completed post-graduate courses at Victorian College of Classical Homeopathy Melbourne Australia. Completed Acute Therapeutics Courses with Sheri Nakken CCH in 2006/07. Working knowledge in Business Administration and Marketing/Consulting since 1994. Completed certification as a Personal Trainer and Fitness Instructor and as well Aerobic Instruction in 1992.

In accordance with Minnesota state law, I am providing you with the following notice:

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 discontinuation of medically prescribed treatments. If a client desires a diagnosis from a licensed physician, chiropractor, or services from a physician, chiropractor, naturopath, 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.

Right to file a complaint. If you have any concerns, you may file a complaint with the following office:

Office of Unlicensed Complementary & Alternative Health Care Practice
Minnesota Department of Health
85 East 7 Place
St. Paul, MN 55101-2192
651-215-5800

Fees for unit of service. Chronic care Individual: \$150 + \$85 (HFA) **Pet:** \$125 +\$65 (HFA), tele-help (on-line via text/email), reportorization and case study, HFA, **all email correspondence in first week is covered within the initial cost.**

After the initial week, an email follow-up is **required** every two weeks and a deduction of \$50 per email/text (check in) follow-up incurs on the day of each service. This fee includes follow-up (check-ins every two weeks via email/text), on-going chronic care (re-rep if needed to issue a different chronic remedy) and limited correspondence through the on-going period of care.

Acute care for Individual & Pet \$99 + HFA Individual (\$85) & HFA Pet (\$65). If a follow up is needed, you must visit the shop and pay the \$50 follow up fee. Visit: www.lifedesignsllc.com

Fees are payable with return of form(s). I do not accept Medicare, Medical Assistance, or General Assistance Medical Care. ***I DO ACCEPT HCSP/HSA/FHSA (health care savings plans – so check with your insurance company, many do not advertise for homeopathic care).*** If you are unable to pay the full fee at the time of service, a payment plan can be arranged, which must be agreed to and placed into the six-month contract.

Change in services or charges. Any change in service fees and regulations will be given to contracted clients a month in advance. Fees for clients can be subject to change at any time, notice would be given.

Summary of Practices/Services. Please review a description of classical homeopathy. If you have any questions, you are advised to ask.

Information about assessment and recommended service. You have the right to present information concerning my assessment and recommended service. All homeopathic service is available through email/texting. All records are the patient's responsibility. The patient needs to keep copies of all documents and emails. It is not Roses' responsibility to give the patients file to other practitioners if the patient feels the need to seek homeopathic care with another homeopathic practitioner - documentation should come from the patient, not Rose.

Courteous treatment. You may expect courteous treatment and to be free from verbal, physical, or sexual abuse by the practitioner.

Confidentiality of client information. Your records and other information about you are confidential.

This information will not be released; all information about your case is your responsibility. Rose advises all clients to retain all email and mail correspondence for their records.

Access to patient records. You are allowed access to records and other written information, in accordance with Minnesota Statutes, section 144.335.

Other available services. If you are interested in other available services in the community, you may wish to consult the Minnesota Homeopathic Association.

Change practitioner. You have the right to choose freely from among available practitioners and to change practitioners after services have begun. You must choose within the limits of health insurance, medical assistance, or other health programs.

Coordinated transfer. If you change practitioners, you have the right to transfer to another practitioner. However, all records for that new practitioner are already with the client, via email, text and mail – client is advised to keep all correspondence through the duration of treatment with Rose. Rose, Life Designs LLC *will not* transfer records.

Refusing services. You have the right to refuse treatment under any conditions. Clients must send a written notice to Rose Mahovsky at Life Designs LLC if they withdraw as a client. All payments must be made good on or before cancellation.

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 patient. I understand my rights as a patient. I agree to all of the statements listed above.

_____ / / _____
Client Signature (name of child) **Date** **Pet name**

_____ / / _____
Adult Signature (if child is under 17 yrs) **Date**