

Sample Bill Of Rights for Client

The State of Minnesota, through their passed law of Complementary and Alternative Health Care, outlined a provision requiring all unlicensed practitioners of complementary and alternative health care services to provide all clients with a Client Bill of Rights prior to rendering services. While this is not required in the state of California, I believe this to be a positive step for all concerned. This document is based on the Minnesota outline for requirements of a Client Bill of Rights.

1. Name: _____ Phone #: _____

Address: _____

City, State Zip: _____

2. For a complete resume of degrees, training, experience and qualifications, please see the attached. (Create and Attach your resume of training to this document)
THE STATE OF _____ 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 (your state) 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.

3. I, (practitioner name), am a sole provider of services, and therefore have no supervisor. Any complaints about services received should be filed directly with me using the contact information above. (If you have a supervisor, change this as necessary, with address and contact information)

4. There is currently no (state name) office of unlicensed complementary and alternative health care practice to file complaints with. Other traditional authorities will most likely receive complaints.

5. Fees for services rendered:

Initial appointment: \$ ____ . Appointment generally lasts ____ minutes

Successive appointments: \$ ____ hour

The client must cancel appointments with a minimum of 24 hour notice, or still be responsible for the appointment fee in full.

Currently, I know of no specific insurance companies that accept claims for the services offered in this office. On occasion, certain employer insurance plans have accepted receipts for services rendered and reimbursed the client. If you believe that you may be eligible for reimbursement, I will gladly produce a receipt for services rendered and the amount paid for them.

I do not accept Medicare, medical assistance or general assistance medical care.

On occasion, I will negotiate to accept partial payment, or at my discretion, waive payment, based on individual client circumstances. Generally speaking, the first tier of reduced fee structure is \$ ____ for initial appointment, \$ ____ hour thereafter.

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The above fees are subject to change at any time with 30-day notice.

I, (practitioner name), retain the right to discontinue service to anyone at any time.

6. What follows is a brief summary of the theoretical approach of Specialized Kinesiology: Specialized Kinesiology uses muscle monitoring, also known as muscle testing- a hands -on biofeedback tool to communicate with the body. Muscle monitoring involves applying light pressure - generally about 2 pounds - usually on an arm or leg, which has been placed in a specific position to isolate the action of a particular muscle. The response of the muscle then offers specific information based on the context in which it is being monitored. The information derived from muscle monitoring/testing assists the practitioner to assess the area(s) of imbalance and identify potential means of energy balancing from a variety of complementary and alternative healing art forms in order to help the client access their innate healing resources.

7. The client has the right to current and complete information regarding any assessment and recommended service(s) that is to be provided in this office, including the expected duration of the service(s) to be provided.

8. The client may expect courteous treatment, free from verbal, physical or sexual abuse by me, (practitioner name).

9. Client records and transactions that result from services provided by me, (practitioner name), are confidential, unless release of these records is authorized in writing by the client, or otherwise provided by law.

10. The client is entitled to have access to records and written information from services rendered by me, (practitioner name).

11. The client should be aware that a plethora of health care services are available from other practitioners in the immediate area. These include, but are not limited to: traditional medical treatment, chiropractic, acupuncture and massage. Information about other complementary and alternative health care practices and practitioners is generally available through freely distributed papers and magazines through local health food stores and dispensers.

12. The client maintains the right to choose freely among available practitioners and change practitioners after services have begun, within the limitations of any health programs that the client may be involved with.

13. The client has the right to a coordinated transfer of practitioners if a change of provider of health insurance services or programs is relevant and necessary.

14. The client has the right to refuse services or treatment, unless otherwise provided by law.

15. The above rights of the client may be asserted by the client without retaliation.

I acknowledge that I have received, read and understand the above Client Bill of Rights.

Signature of client:

