

## CLIENT BILL OF RIGHTS

Kathryn Loeb, HPs, CCH  
Certified Classical Homeopath  
7104 Lake Street West  
St. Louis Park, MN 55426

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

1. **Degrees, training and experience.** Kathryn Loeb is a graduate of Northwestern Academy of Homeopathy's 4-year professional certificate program. After completion of the rigorous requirements of the CHC, Council for Homeopathic Certification, Kathryn obtained the designation of CCH, Certified Classical Homeopath. *She is not a medical doctor and does not diagnose or treat as such.* She holds a degree from the University of Minnesota, Winona as well as master degree studies from St. Thomas University. The homeopathic services you have requested are directed to strengthening your vitality. They are not directed at identifying, treating, or preventing specific diseases. Kathryn is a classical homeopathic practitioner and prohibited by law from diagnosing or treating disease.

### CLIENT ACKNOWLEDGMENT:

It is my personal preference to use the homeopathic services of the homeopathic practitioner Kathryn Loeb. I understand that homeopathic services are NOT MEDICAL treatments and that Kathryn Loeb is not a licensed physician. I agree to pay the full amount of the charges and I understand that the services typically are not covered by insurance.

In accordance with Minnesota Law, we are 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 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.** Kathryn Loeb 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 office:

Office of Unlicensed Complementary & Alternative Health Care Practice  
Health Occupations Program, Minnesota Department of Health  
85 East Seventh Place, Suite 300, PO Box 64882  
St Paul, MN 55164  
Telephone 651.201.3721, Fax 651.201.3839

4. **Fees for unit of service.** Fees are payable at the time of service, by cash, check or credit card. We do not accept Medicare, Medical Assistance, or General Assistance Medical Care. We do not accept partial payment or waive payment.

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 'What is Homeopathy' tab on [www.healingearthhomeopathy.com](http://www.healingearthhomeopathy.com).

7. **Information about assessment and recommended services.** You have the right to complete and current information concerning any assessment and recommended service, including the 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 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. **Changing 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 2-page document and I understand my rights as a client.*

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CLIENT SIGNATURE

DATE

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PARENT OR GUARDIAN SIGNATURE

DATE

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WITNESS SIGNATURE

DATE