

Complementary and Alternative Health Care Client Bill of Rights

Business Name: Orthopedic & Sports Physical Therapy, Inc.

Business Address: 430 5th St. N, Breckenridge, MN 56520

Business Phone: (218) 641-7725

As of July 1, 2001, Minnesota's Freedom of Access to Complementary Care Law (Statute Chapter 146A) requires that you acknowledge receipt of the following information prior to your treatment.

The Information that follows in quotation marks is required to be on the Client Bill of Rights in bold print by Minnesota statute: "**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.**"

- **Supervision:** If the client has a complaint or concern about the care or services received, they may contact the practitioner's supervisor, Shawn Krause-Roberts, at the address and phone number listed above.
- **Complaints:** If the client has a complaint or concern about the care or services received, they may also contact the Office of Unlicensed Complementary and Alternative Health Care Practice located in the Minnesota Department of Health:
 - **Mailing address:** P.O. Box 64882, St. Paul, MN 55164-0882
 - Phone:** 651-201-3728 **Fax:** 651-201-3839
 - Website:** www.health.state.mn.us **E-mail:** richard.hnasko@state.mn.us
- **Fees, Payment, Insurance:** Currently OSPTI will do the billing for any insurance claims taken. Fees vary according to the services utilized within the facilities and the techniques used by the practitioner.
- **Change of Price:** Clients have the right to reasonable notice of changes to prices, services, or policies.
- **Theory of Treatment:** The practitioner abides by the laws and regulations laid out by the American Massage Therapy Association. They will do their best to treat problems that the client has within the realm of their practice.

- **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.
- **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 sections 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 massage therapy services are available to the client in the community. These services can be located by asking the practitioner, the provider who referred you to this practitioner or the following practitioner database: www.amtamassage.org.
- **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 Nonretribution:** The client has the right to assert the any and all of above-mentioned rights without retaliation from the practitioner.

I, _____, **acknowledge by my signature that I have received and understand the Complementary and Alternative Health Care Client Bill of Rights.**

Signature of Patient and/or Guardian

Date