

COMPLEMENTARY AND ALTERNATIVE HEALTH CARE CLIENT BILL OF RIGHTS

Stephani Waldron-Trapp, N.D.
Northwestern Health Sciences University, Bloomington Natural Care Center
(This Statement is required by Section 146 A.11 of the Minnesota Statutes.)

1. **Name and address of Unlicensed Complementary and Alternative Health Care Practitioner (the "Practitioner")**. Stephani Waldron-Trapp, N.D.; Bloomington Natural Care Center, 2501 W. 84th Street, Bloomington, MN 55431; (952) 885-5444.
2. **Qualification of Practitioner**. Massage Therapist, Center Point (Minneapolis, Minnesota) (1996). Nationally Certified in Therapeutic Massage and Bodywork (Minneapolis, Minnesota) (1998), B. Sc. in Biology, St. Cloud State University (St. Cloud, Minnesota) (2000), License as Naturopathic Physician (Vermont) (2005), Passed Naturopathic Physicians Licensing Examinations (Bridgeport, Connecticut) (2005), Doctor of Naturopathic Medicine, University of Bridgeport College of Naturopathic Medicine (Bridgeport, Connecticut) (2005).
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, dietician, nutritionist, acupuncture practitioner, athletic trainer, or any other type of health care provider, the client may seek such services at any time.
3. **Supervisor of practitioner**. Deborah Miller; Associate Vice President, Clinical Services, Northwestern Health Sciences University, 2501 W. 84th Street, Bloomington, Minnesota 55431; (952) 885-5418.
4. **Complaints**. As a complementary and alternative health care client ("Client"), you have the right to file a complaint with the supervisor listed in paragraph 3 above. Any such complaint should be directed to the attention of the supervisor, in writing, and should include supporting details sufficient to permit an investigation into the complaint to be commenced.
5. **Office of Complementary and Alternative Health Care Practice**. Office of Complementary and Alternative Health Care Practice, Health Occupations Program, 400 Metro Square Building, P.O. Box 64975, St. Paul, MN 55164-0975, (651) 282-6344. As a Client, you may file complaints with such offices.
6. **Fees**. The Fees for Naturopathic services at Northwestern Health Sciences University, Bloomington Natural Care Center are: For new patients: \$200 for 110 minutes of consultation; \$170 for 80 minutes of consultation; \$120 for 50 minutes of consultation; and \$90 for 40 minutes of consultation. For follow-up visits with existing patients: \$130 for 80 minutes of consultation; \$105 for 50 minutes of consultation; \$90 for 40 minutes of consultation; and \$70 for 25 minutes of consultation and \$45 for 10 minutes of consultation; telephone consults: \$15 per 5 minutes. No insurance companies have agreed to reimburse the Practitioner. The Practitioner does not contract with any health maintenance organization to provide service. The Practitioner does not accept Medicare, medical assistance or general assistance medical care. The Practitioner is not willing to accept partial payment, or to waive payment.
7. **Notice of Changes in Services or Charges**. As a Client, you have the right to reasonable notice of changes in services or charges.
8. **Theoretical Approach**. In general, the Practitioner's choice of modalities depends on your needs as a client. The Practitioner typically uses one or more of the following combinations: ayurveda; cranial sacral therapy; culturally traditional healing practices; detoxification practices and therapies; energetic healing; folk practices; healing practices utilizing food, food supplements, nutrients, and the physical forces of heat, cold, water, touch, and light; herbology or herbalism; homeopathy; non-diagnostic iridology; body work, massage and massage therapy; meditation; mind-body healing practices; naturopathy; noninvasive instrumentalities; and traditional Oriental practices, such as Qi Gong energy healing.
9. **Right to Information**. As a Client, you 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 services to be provided.
10. **Treatment**. As a Client, you may expect courteous treatment and to be free from verbal, physical, or sexual abuse by the Practitioner.
11. **Client Records/Transactions**. Client records and transactions with the Practitioner are confidential, unless release of these records is authorized in writing by you as the Client, or otherwise provided by law.
12. **Access to Records**. As a Client, you have the right to be allowed access to records and written information from records in accordance with Section 144.335 of the Minnesota Statutes.
13. **Other Services**. Other services may be available in the community. Information concerning such services may be found in the Natural Care Center brochure.
14. **Right to choose**. As a Client, 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.
15. **Coordinated Transfer**. As a Client, you have the right to coordinated transfer when there will be a change in the provider of services.
16. **Refusal of Service**. As a Client, you have the right to refuse service or treatment, unless otherwise provided by law.
17. **Assertion of Rights**. You have the right to assert your rights without retaliation.

Acknowledgement by Client

I hereby Attest that I have received a copy of The Complementary and Alternative Health Care Bill of Rights in relation to services to be provided to me by
Stephani Waldron-Trapp, N.D., as required by Section 146A.11 of the Minnesota Statutes.

Signature

Print Name

Date