

Complementary & Alternative Health Care Client Bill of Rights

1. **Practitioner Name:** Amber Weingart, Natural Health Practitioner
Business Name: Opulent Natural Health, LLC
Practice Address: 8120 Penn Avenue South, Suite 444, Bloomington, MN 55431
Telephone number: 612-844-0753
Web Address: <http://www.opulentnaturalhealth.com> **Email:** amber@opulentnaturalhealth.com

As of July 1, 2001, Minnesota’s Freedom of Access to Complementary Care Law (Statute Chapter 146A) requires that you receive and acknowledge that you have received by your signature on the back of this page, the following information prior to your visit.

2. **Amber Weingart, here after, “the Practitioner” has received the education, training & credentials:**

- 2014 – Present Traditional Naturopath & BioEnergetic Practitioner with Opulent Natural Health, LLC
- 2015 Opened office location for Opulent Natural Health, LLC in Bloomington, MN
- 2014 Founded Opulent Natural Health, LLC Wellness Center
- 2014 – 2015 Joined The Natural Path as Natural Health Practitioner, Eden Prairie, MN
- 2013 – 2015 Doctor of Naturopathy, Trinity School of Natural Health, Warsaw, IN
- 2013 – Access Energy Consciousness Bars Practitioner
- 2012 – 2014 Electro Dermal Practitioner Apprenticeship, The Natural Path
- 2012 – 2015 Office Manager at The Natural Path, Eden Prairie, MN
- 2012 – 2013 Bio-Energetic Practitioner BEP, Academy of Bio-Energetics
- 2012 Quantum Alignment/EnerChi Training
- 2011 – 2013 Certified Natural Health Professional, Holistic Medicine and Homeopathy

“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.”

3. **Complaints:** If the Client has a complaint or concern about the care or services they have received, the Client may contact the Office of Unlicensed Complementary and Alternative Health Care Practice located at the Minnesota Department of Health: P.O. Box 64882, St. Paul, MN 55164-0882 **Website:** www.health.state.mn.us **Phone:** 651-201-3728 **Fax:** 651-201-3839

4. **Fees, Payment, Insurance:**

Service	Time of Initial Visit	Cost of Initial Visit	Time of Follow Up	Cost of Follow Up
BioEnergetic Assessment	1.5 Hours	\$225.00	15-45 Minutes	\$40-\$120
Dental Materials Assessment	45 Minutes	\$110.00	45 Minutes	\$110.00
Cavitation Assessment & Dental Report	1.5 Hours Consult 30 Minutes Report	\$310.00	N/A	N/A

All services and pricing are clearly listed on the previous page. *Cancelled Appointment Fee:* An Initial Visit Appointment requires a 48 Hour "TWO WORKING DAYS" notification of cancellation. If not cancelled at least 48 hours before the appointment, full payment is due. Subsequent follow-up visits require 24 hour "ONE WORKING DAY" notice. We offer a 7% discount for payments paid in Cash or Check on Labor/Consulting for services. THIS DOES NOT INCLUDE PRODUCTS.

Forms of Payment: Cash, Check, Credit Card (Visa, Mastercard, & Discover). Opulent Natural Health is not on contract with any HMOs, PPO's or any other Insurance Company to provide discounted services. We do not accept Medicare, Medical Assistance or general assistance medical care. Although Insurance plan payments are not accepted by Opulent Natural Health, you may be reimbursable by your HSA or FSA account (please check with your plan administrator). Payment in full for services and products is expected at the time of service, unless otherwise arranged prior to your appointment.

5. **Change of Price:** Clients have the right to reasonable notice of changes to the prices, services, or policies. Any changes will be posted in the providers office within a reasonable time frame of 30 days;
6. **Our approach:** Our Wellness Center philosophy incorporates a wholistic approach, viewing the person as a whole. We believe in energy medicine, or as it is known, Bio-Energetic medicine. This is defined by working with the body in an energetic rather than a purely chemical perspective. We work to improve energetic, physical, electrical and emotional components by reducing stress and supporting the body so it may naturally heal itself. Please see our website (www.the-naturalpath.com) for more information.
7. **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 to be provided;
8. **Personal Interaction:** Clients have the right to expect courteous treatment, free from verbal, physical, or sexual abuse;
9. **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;
10. **Right to Self Access:** Clients have the right to access to their own records maintained by the Practitioner's office, in accordance with state statute sections 144.291 to 144.298;
11. **Other Services Available:** Other alternative services are available to the Client in this same community. These can be located by asking the Practitioner, or the provider who referred you to this practitioner;
12. **Right of Agency:** The Client has the right to choose freely among available practitioners and to change practitioners after services have begun;
13. **Records Transfer:** The Client has the right to coordinated transfer of your records when there will be a change in the provider of services;
14. **Right of Refusal:** The Client may refuse services or treatment, unless otherwise provided by law; and
15. **Right of Non-retribution:** 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: _____

Date: _____

Email Address: _____

Phone: (____) _____ - _____ **DOB:** ____/____/____