

# Complementary and Alternative Health Care Client Bill of Rights

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.

- 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](mailto:amber@opulentnaturalhealth.com)

- 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 Natural Health Practitioner at The Natural Path Wellness Center, 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  
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. Our Approach:** Our Wellness Center philosophy incorporates a holistic approach, viewing the person as a whole. We incorporate noninvasive detoxification practices, food, supplements, nutrients, herbology, homeopathy, naturopathy, mind-body healing practices. 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.opulentnaturalhealth.com](http://www.opulentnaturalhealth.com)) for more information.

- 4. Fees, Payment, Insurance:**

BioEnergetic Assessment	Appointment Time	Investment
Initial Appointment	1.5-2 Hours	\$225.00
Revisit Appointment	30-60 Minutes	\$81-\$162
4 Hour Revisit Package	30-60 Minutes	\$75-\$150

Forms of Payment: Cash, Check & Credit Card (Visa, MasterCard, American Express & Discover).

*Cancelled Appointment Fee:* An Initial Visit Appointment requires a 48 Hour or 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 notice.

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:** The Client has 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. **Right to Current Information:** The Clients has 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;
7. **Personal Interaction:** The Client has the right to expect courteous treatment, free from verbal, physical, or sexual abuse;
8. **Right to Confidentiality:** The Client records are confidential and will not be released, unless authorized by the client in writing or as otherwise provided for by law; (Opulent Natural Health is not covered under either HIPAA or HITECH Ruler;
9. **Right to Self-Access:** The Client has 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;
10. **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;
11. **Right of Agency:** The Client has the right to choose freely among available practitioners and to change practitioners after services have begun;
12. **Records Transfer:** The Client has the right to coordinated transfer of your records when there will be a change in the provider of services;
13. **Right of Refusal:** The Client may refuse services or treatment, unless otherwise provided by law; and
14. **Right of Non-retribution:** The Client has the right to assert the any and all of above-mentioned rights without retaliation from the Practitioner.
15. **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](http://www.health.state.mn.us) **Phone:** 651-201-3728 **Fax:** 651-201-3839

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:** \_\_\_\_/\_\_\_\_/\_\_\_\_