

# Complementary & Alternative Health Care Client Bill of Rights

In Minnesota, the right of the consumer to receive complementary and alternative care from unlicensed providers is protected by law. The State requires that the practitioner provide the following information to you. If you have difficulty reading or understanding this information, please discuss this with your practitioner prior to your initial consultation. Before Vida Naturopathics can provide you with any service, you must sign a written statement attesting that you have received this Complementary and Alternative Health Care Client Bill of Rights.

**Business name:** Conscious Age LLC DBA Vida Naturopathics  
**Practitioner name:** Beth Joscelyne - Traditional Naturopath & Herbalist, BNATMED  
**Business Address:** 3312 16th Avenue South, Minneapolis, Minnesota 55407  
**Phone contact:** (612) 226-4907

Beth Joscelyne, hereafter, "the Practitioner" has the received following education, training & credentials:

- 2017 Bachelor of Natural Medicine, South Pacific College of Natural Medicine, Auckland New Zealand
- 1999 Bachelor of Business, University of Technology, Sydney Australia
- 2018 Internationally Accredited Buteyko Breathing Practitioner, certified with Buteyko Clinic International

The Information that follows in quotation marks is required to be on the Client Bill of Rights:

"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."

**Supervisor:** If you, the Client, has a complaint or concern about the care or services you have received, you may contact the business owner and the Practitioner's direct supervisor: Jonathan Beller, Conscious Age; 3312 16th Ave S, Minneapolis, MN 55407; (917)291 1211

**Complaints:** If the Client has a complaint or concern about the care or services they have received, the Client may also contact the Office of Unlicensed Complementary and Alternative Health Care Practice, located in Minnesota Department of Health:  
Mailing address: P.O. Box 64882, St. Paul, MN 55164-0882; Phone: 651-201-3731; Fax: 651-201-3839;  
Website: [www.health.state.mn.us](http://www.health.state.mn.us)

## Fees, Payment, Insurance:

Fees for services offered by Vida Naturopathics are as follows:

- \$145 Initial health consultation
- \$95 Follow up health consultation
- \$60 Mini / acute care health consultation
- \$495 One-on-One Buteyko Breathing workshop series (3 workshops)
- \$395 Group Buteyko Breathing workshop series (3 workshop)
- \$80 Therapeutic massage (60 minutes)

Payment is accepted by Quickbooks (debit/credit card), Square (debit/credit card) or Zelle bank transfer. The Practitioner is not on contract with any HMO's, PPO's, or any other Insurance Company to provide discounted services. Payment in full for services is required at the time of the consultation booking, unless otherwise arranged. Vida Naturopathics requires 24 hours notice for cancellations.

**Change of fees:** Clients have the right to reasonable notice of changes to the prices, services, or policies. Fees are clearly stated on the Bookings page of the Vida Naturopathics website (<https://vidanaturopathics.com/services-%2F-bookings>). Full payment is required at the time of booking unless otherwise agreed with the Practitioner.

**Theory of Treatment:** As a traditional naturopath and herbalist, the Practitioner's goal is to support the body's innate healing mechanisms to address the underlying causes of any symptoms being experienced. The Practitioner takes a holistic approach, and utilizes a combination of lifestyle, dietary and/or nutritional or natural supplement recommendations to support the body's organ systems and address the underlying causes of impaired health. Every client is treated as unique, and recommendations are always tailored based on each client's unique health history, current health status and life style.

**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.

**Right to Confidentiality:** Client records are strictly 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 to 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 complementary and alternative therapy services are available to the Client within their community. These can be located by asking the Practitioner, or via the following practitioner database: <https://www.americanherbalistsguild.com/member-profiles>

**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 have the right to coordinated transfer of your records when there will be a change in the provider of services

**Right of Refusal:** The Client may refuse services or recommendations made, unless otherwise provided by law.

**Right of non-retaliation:** The Client has the right to assert any and all of above-mentioned rights without retaliation from the Practitioner.

I, \_\_\_\_\_ (full name), acknowledge by my signature that I have received and understand the Complementary and Alternative Health Care Client Bill of Rights. \*

Signature \_\_\_\_\_ Date \_\_\_\_\_