

CLIENT BILL OF RIGHTS

Balsam Homeopathic Care Beheshteh Zargaran (763)923-5607

I am pleased to provide you with this Client Bill of Rights, in accordance with Minnesota laws governing complementary and alternative health care practices.

1. Degrees, training, and experience: I have completed the four-year homeopathy program at Northwestern Academy of Homeopathy. I have more than 20 years of combined education here in the United States and experience in my successful homeopathy practice in my home country. In May of 2012 I received my certification as a CEASE therapist specializing in children with autism spectrum disorders.

Besides my private practice, I am working as the clinical instructor at Northwestern Academy of Homeopathy.

In accordance with Minnesota law, I am providing you with the following notice:

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.

2. Right to file a complaint. If you have any concerns, you may file a complaint with the following office:

Office of Unlicensed Complementary and Alternative Health Care Practice
Health Occupations Program
Minnesota Department of Health
P.O. Box 64882
St. Paul, Minnesota 55164-0882

3. Fees for unit of service.

Please see attached fee statement.

I do not accept Medicare, Medical Assistance, or General Assistance Medical Care.

4. Change in services or charges. You have a right to reasonable notice of changes in services or charges, and I will provide prior notice of any changes.

5. Summary of Practices/Services. Please review the attached document that provides a detailed description of classical homeopathy. If you have any questions, please ask.

6. Information about assessment and recommended service. You have a right to complete and current information concerning my assessment and recommended service, including the expected duration of the service to be provided. If you have any questions, please ask.

7. Courteous treatment. You may expect courteous treatment and to be free from verbal, physical, or sexual abuse by the practitioner.

8. Confidentiality of client information. Your records and other information about you are confidential. This information will not be released, unless you authorize release in writing, or unless release is required by law.

9. Access to client records. You are allowed access to records and other written information, in accordance with Minnesota Statutes, section 144.335.

10. Other available services. If you are interested in other available services in the community, you may wish to consult the Minnesota Homeopathic Association.

11. Change practitioners. 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.

12. Coordinated transfer. If you change practitioners, you have the right to our assistance in coordinating this transfer to another practitioner.

13. Refusing services. You have the right to refuse services or treatment, unless otherwise provided by law.

14. No retaliation. You may assert your rights without retaliation.

I hereby acknowledge receipt of the Client Bill of Rights and the attached documents incorporated therein, and I have had a full opportunity to ask any questions I have about this document and my rights as a client. I understand my rights as a client.

Client Signature

Date

Parent or Guardian Signature

Date

Witness

Date

Beheshteh Zargaran
(763) 923-5607

ACKNOWLEDGEMENT OF HOMEOPATHIC SERVICES

CLIENT NAME: _____
(Please print)

The homeopathic services you have requested are directed at strengthening your constitution and vitality. They are not directed at identifying, treating or preventing specific diseases. Beheshteh Zargaran is a homeopathic practitioner but is not a licensed physician. Current laws prohibit homeopathic practitioners from diagnosing or treating disease. If you have a medical complaint or question about your health, it is important that you consult with a physician.

CLIENT ACKNOWLEDGEMENT:

It is my personal preference to use the homeopathic services of Balsam Homeopathic Care. I understand that homeopathic services are NOT MEDICAL treatments and that Beheshteh Zargaran is not a licensed physician.

Signature: _____

Date: _____

Health Inventory Form

(This information is confidential and will only be released with your signed consent)

Name: _____ Date of birth: _____

Address: _____

Phone number: _____

E-mail address: _____

Emergency contact: Name: _____

Phone #: _____ Relationship: _____

If under 18 please provide parents' name, phone number & address

Referred by: _____

Family Physician: Name & address: _____

Family History

Check if family history is unknown.

Relationship	Age	If deceased, cause of death	Children	Age	Problem
Father					
Mother					
Siblings					

Check items that apply to blood relatives (children, sisters, brothers, parents, grandparents, aunts, uncles).

- | Problem | Relationship |
|----------------------|--------------|
| Alcohol/drug problem | |
| Allergy/ Asthma | |
| Anemia | |
| Arteriosclerosis | |
| Cancer | |
| Diabetes | |
| Epilepsy/seizure | |
| Hear disease | |
| Skin disease | |
| High Blood Pressure | |
| High Cholesterol | |
| Mental illness | |
| Suicide | |
| Thyroid disease | |
| Tuberculosis | |

Syphilis
Gonorrhea

Personal History

Allergies

I am allergic to following medications and/or foods

Surgery

List all the surgeries and approximate dates

Other hospitalizations and dates

Broken Bones and/or treatment injuries

Life Style

I am now or have been a smoker: Yes No
How many years have you smoked?

When did you quit?

I use beer wine hard liquor

I consider myself a:

Heavy drinker Social drinker Non-drinker Alcoholic Recovering alcoholic

I have been victim of abuse:

Physical Sexual Emotional

My last physical exam was:

Current medications

Please list all prescribed and non-prescribed, vitamin & supplements including dosage
