

State of Minnesota Bill of rights

146A.11 COMPLEMENTARY AND ALTERNATIVE HEALTH CARE CLIENT BILL OF RIGHTS.

Subdivision 1.Scope.

Connors Clinic info: Dr. Kevin Connors, 651-739-1248. Dr. Connors graduated from Northwestern Chiropractic in 1986 but is not licensed to practice chiropractic, nor does he practice chiropractic nor does he diagnose any disease. He practices natural, Biblical methods to support member's health and care is NOT a substitute, in any way, for standard medical help.

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, Connors Clinic and Dr. Connors does 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, osteopathic physician, 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.

Any complaints or questions should be addressed to the Office of Unlicensed Practitioners, Minnesota Department of Health (OCAP), PO Box 64882, St. Paul, MN 55164, 651-201-3839

Connors Clinic does NOT accept any insurance from any carrier and there is no insurance reimbursement for any services rendered including but not limited to Medical and Minnesota Medical Assistance programs. All our fees are listed on our website but include a Case Review (\$199.00), Full Plan costs that include equipment (listed in this document), and office consult visits (\$150.00). Clients have a right to reasonable notice of changes in services or charges.

Our approach of care is simply to aide one's body to help one's recuperative abilities through natural and Biblical methods. We do NOT heal nor cure; we do NOT treat disease. Clients always have the right to choose the level of care and duration desired and should expect courteous service free from verbal, physical, or sexual abuse by the practitioner and staff. Our client records and transactions with the are confidential, unless release of these records is authorized in writing by the client, or otherwise provided by law; and client's have a right to be allowed access to records and written information from records in accordance with sections 144.291 to 144.298.

As always, other services may be available in the community, and clients have the right to choose freely among available practitioners and to change practitioners after services have begun, and we will help coordinate such a transfer when there will be a change in the provider of services. The client may refuse services or treatment, unless otherwise provided by law; and may assert the client's rights without retaliation.

I, _____ have received, read, understand and agree to the above Bill of Rights.

Signature: _____ Date: _____

Prior to the provision of any service, a complementary and alternative health care client must sign a written statement attesting that the client has received the complementary and alternative health care client bill of rights.