

# Complementary and Alternative Health Care Client Bill of Rights - Minor

## **1) Business Information:**

Name: FARE Hypnosis Center  
Address: 8353 Crystal View Rd Suite 201 Eden Prairie 55344  
Phone: 952-934-1315  
Email: Roberta@FareHypnosis.com

## **2) Disclaimer required by the state of Minnesota:**

“THE STATE OF MINNESOTA HAS NOT ADOPTED ANY EDUCATIONAL AND TRAINING STANDARDS FOR UNLICENSED COMPLIMENTARY AND ALTERNATIVE HEALTH CARE. 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.” Minn. Stat. 146A.11

The Practitioner is not a physician nor a licensed mental health care provider and may not provide a medical diagnosis or prescription, nor recommend the discontinuance of medically prescribed treatments or provide treatment of any kind.

**3) Complaints:** The Client has a right to file a complaint with the practitioner. To file a complaint, please contact Roberta Fernandez, by phone or mail. Contact information is contained in section one. Your concerns will be immediately responded to.

Additionally, 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 the Minnesota Department of Health, PO BOX 64882, St. Paul, MN, 55164-0882. Telephone: 651.201.3728. Fax: 651.201.3839. Website: [www.health.state.mn.us](http://www.health.state.mn.us)

The Client also has a right to file a complaint with the practitioner’s certifying body. Roberta Fernandez is Board Certified with the National Guild of Hypnotists (NGH) and a Certified Instructor:

Office Phone: (603)429-9438 / Fax (603)424-8066.  
National Guild of Hypnotists, P.O. Box 308, Merrimack, NH 03054-0308

Roberta Fernandez is also certified with the Minnesota Institute of Communications: Devin Hastings Email: [devin@MBH4U.com](mailto:devin@MBH4U.com) Phone: 612-730-2789  
13911 Ridgedale Drive, Suite 406A - Minnetonka, MN. 55305

All other Consulting Hypnotists employed by the FARE Hypnosis Center have been trained by Roberta Fernandez and are also certified through the National Guild of Hypnotists.

#### **4) Service Duration, Insurance Information, Fees and Payment Information:**

The Client has a 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.

#### **Fees and Payment Information:**

- Roberta charges \$200 per hour. All other hypnotists charge \$150.00 per hour. However, we usually do not work with clients on an hourly basis, except for relaxation. and we make very few exceptions to this practice. As each client's needs are different, we have designed programs, pricing, and payment plans so our services can be as affordable as possible to the greatest percentage of people. Each year we offer 'scholarships' in the form of discounted pricing (30%) to 12 clients who have certain financial challenges. These scholarships are based on their financial, emotional and physical situations along with their desire to commit to the program
- Fees and cancellations are payable as stated in the Payment Agreement for FARE Hypnosis Programs contract. You have received and had fully explained a copy of this agreement
- We accept cash, check, Visa, MasterCard, and American Express
- We do not accept insurance
- Receipts of service are provided upon request so the client may apply for 'Flex-Pay' or Health Savings Account reimbursements if they are applicable
- The Client has a right to a 30 day notice of changes in services or charges.

#### **5) Theoretical approach for provided services:**

Hypnosis helps ordinary, everyday people with ordinary, everyday problems using individual hypnotic techniques. It is a tool used to help people discover within themselves the resources necessary to accomplish their goals, overcome limiting beliefs, and create helpful beliefs in relation to their stated objective(s).

The aforementioned coaching methodologies can help a person to powerfully and influentially communicate with themselves in an empowering manner, producing results that create a better life. Hypnosis can have a significant, positive impact on a person if they desire to change and agree to engage in the change process.

#### **6) Hypnotic Contract:**

We (the Practitioners) promise that we will always treat you in a courteous and professional manner and keep you safe in our visit together. We promise to use the methodologies and suggestions that will work the very best for why you are here today.

The Client agrees: I believe you are qualified, so from this moment on, I will instantly do what you suggest, knowing that I can just as quickly refuse or remove the suggestion if I choose to.

The Client has a right to be free from verbal, physical, or sexual abuse by the Practitioner. The Practitioner has the right to refuse working with a Client who she/he feels she/he cannot serve properly or may be uncomfortable with for any reason. In this case, the Practitioner will recommend another practitioner if able.

#### **7) Records and Transactions:**

All communications with the Practitioner are confidential, unless release of these records is authorized in writing by the client, or otherwise provided by law. The Client has a right to be allowed access to records and written information from records in accordance with sections 144.291 to 144.298

The Practitioner **requires** that the Client get a medical referral if the Client is being seen for a diagnosed medical condition.

**8) Right to Choose:**

The Client has a right to other services of this nature. It is recommended that she/he look in the yellow pages and/or use the internet to find other qualified practitioners.

The Client has a right to choose freely among available practitioners and to change practitioners after services have begun. The Client has a right to coordinated transfer when there will be a change in the provider of services.

The Client has a right to refuse services, unless otherwise provided by law.

The client has a right to (a) assert client rights without retaliation. Please note: This section (q) does not apply to an unlicensed complementary and alternative health care practitioner who is employed by or is a volunteer in a hospital or hospice who provides services to a client in a hospital or under an appropriate hospice plan of care. Patients receiving complementary and alternative health care services in an inpatient hospital or under an appropriate hospice plan of care shall have and be made aware of the right to file a complaint with the hospital or hospice provider through which the Practitioner is employed or registered as a volunteer.

**9) Under Age Consent:**

The Client is considered a minor by Minnesota law. Upon signing this document, the Client agrees that he/she is willingly attending these hypnosis visits and the Parent/Guardian is granting permission for the Client to be seen by the Practitioner. Parent/Guardian agrees that while they reserve the right to have general progress and expectations updated, as agreed upon by all parties, the content of the hypnosis visits shall remain private between the Client and the Practitioner.

**Acknowledgment by Parent/Guardian**

Prior to the provision of any service, a complementary and alternative health care under-age Client's parent or guardian must sign a written statement attesting that the Client's parent/guardian has received the Complementary and Alternative Health Care Client Bill of Rights.

I, \_\_\_\_\_.

hereby swear and affirm that I have received and understand the Complementary and Alternative Health Care Client Bill of Rights from Roberta Fernandez, BCH.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_