

CHANGING PATTERNS
ENHANCING HEALTH
creating vibrant life

ADAGIO HOLISTIC THERAPIES, LLC
2457 Lyndale Avenue South, Minneapolis, MN 55405
612.288.0488 www.adagioholistic.com

**COMPLEMENTARY AND ALTERNATIVE HEALTH CARE
CLIENT BILL OF RIGHTS**

Selma Sroka, M.D

Adagio Holistic Therapies, LLC, 2457 Lyndale Avenue South, Minneapolis, MN 55405
Telephone: 612.288.0488

Selma L. Sroka, M.D., hereafter, “the Practitioner” has received the following education, training and credentials:

- Fellowship in Integrative Medicine – Arizona Center for Integrative Medicine
- Certification Program in Functional Medicine – in process with Institute for Functional Medicine
- Certification Program in Visceral manipulation – in process with The Barral Institute
- Certification Program in Frequency Specific Microcurrent – in process with FSM/Carolyn McMakin D.C.
- Cranial Sacral Therapy training – Upledger Institute
- Healer’s Certificate and Minister of Healing – Center for Wholeness
- Spiritual Healing, Maya Abdominal Massage – Arvigo Institute, LLC
- Study and Apprenticeship in Traditional, Indigenous Healing with several teachers, primarily of the Lakota, Maya and Aztec traditions
- Board Certified in Family Medicine – American Board of Family Medicine
- Associate Professor of Medicine – University of MN Medical School

As of July 01, 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 treatment.

“THE STATE OF MINNESOTA HAS NOT ADOPTED ANY EDUCATIONAL OR 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, 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.”

Complaints – If the Client has a complaint or concern about the care or services they have received, the Client may contact OCAP (Office of Alternative Practices) at 651.201.3728.

FEES, PAYMENT, INSURANCE AS OF APRIL01, 2010

90-MINUTE SESSION IS \$120.00

Payment is accepted by cash, check, credit card (VISA/MC). This Practitioner is not on contract with any HMOs, PPOs or any other Insurance Company to provide discounted services. This Practitioner does not accept Medicare, Medical Assistance or general assistance medical care. Adagio Holistic Therapies, LLC does supply a receipt at time of payment with the appropriate CPT codes; thus the clients may submit for reimbursement themselves, if they so desire. Payment in full for services is expected at the time of service, unless otherwise arranged prior to the appointment. Selma Sroka and Adagio Holistic Therapies, LLC requires a minimum 24-hour business day advanced notice for cancellations or you may be charged for the full appointment.

- **Change of Price** – While changes in session fees can occur, reasonable notice of those changes is provided by session fees being posted in the Practitioner’s office, will be sent via online newsletter, or by the client asking when scheduling the appointment.
- **Theory of Treatment** – The state requires a “plain language” summary of the “theoretical approach used to provide service to clients”. Please reference the practitioner’s credentials as this varies per practitioner. Client may also ask the practitioner.
- **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 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 their own records, maintained by the Practitioner’s office, in accordance with state statute 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 alternative therapy services are available to the Client in this same community. These can be located by asking the Practitioner, the provider who referred you to this practitioner.
- **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 has 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 treatment, unless otherwise provided by law.
- **Right of Non-Retribution** – The Client has the right to assert any and all of the above-mentioned rights without retaliation from the Practitioner.

I (please print your name) _____ acknowledge by my signature that I have received and understand the Complementary and Alternative Health Care Client Bill of Rights.

Signature _____ Date _____