

Waiver to Homeoprophylaxis for Influenza

Name: _____

Full Address: _____

Phone Number: _____ E-mail _____

Please use this Waiver for future years as well as the current year: Yes No, I wish to sign every year
(circle appropriate response above).

Childs Name(s) or N/A: _____ Date of Birth _____
_____ Date of Birth _____
_____ Date of Birth _____
_____ Date of Birth _____

In accordance with my better judgment, and as a responsible person and/or parent, I,
_____ voluntarily have chosen to protect myself and/or my child(ren), against
infectious contagious disease with Homeoprophylaxis (HP).

I understand that Kathryn Z Berg, MA, CCH is not a medical doctor, but she practices Homeopathy in
accordance with The Minnesota Complementary and Alternative Health care Freedom of Access Act. Under the
protection of this act they are exempt from any medical licensing bill which may prevent them from assisting
others to prevent disease.

As I am voluntarily choosing this method of disease prevention, I will not hold Kathryn Z Berg, MA, CCH,
liable or financially responsible for any particular outcome regarding the health of me or my child(ren). I
understand the purpose of HP is to stimulate my or my child's health and immune system so that it will become
less susceptible to contracting infectious contagious disease.

I understand that no method of prevention can be guaranteed to be 100% effective, vaccination or HP, and that I
or my child(ren), if exposed to a particular infectious contagious disease, may in fact contract the disease. I also
understand that with any form of prevention there are risks and reactions that may occur. I agree to discuss my
concerns with the supervising homeopath and to seek appropriate medical treatment, homeopathic or otherwise,
should the need arise.

I understand according to the FDA, which licenses and labels homeopathic remedies for consumer consumption
that since 1897 with the inception of the Homeopathic Pharmacopeia of the United States (HPUS), there has
never been a single recall or adverse event reported on any homeopathic remedy.

I also understand, according to the National Vaccine Injury Compensation Program (NVICP) of the US
Department of Health and Human Resources, that from 1989 to 2008 there have been over 8,167 petitions for
vaccine injury filed, including 5,204 petitions filed since 1989. Accordingly, since 1989, the US Department of
Health and Human Resources and has paid out in excess of \$3 billion in attorney fees and petitioners awards for
compensation under the NVICP as a result of court order from the US Court of Federal Claims.

Signature

Date

Relationship to child(ren) _____

Witnessed



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Complimentary and Alternative Health Care Client Bill of Rights Lotus Homeopathy, Inc.

Practitioner:

Kathryn Zochert Berg, MA, PCH, CCH
Classical Homeopath
Lotus Homeopathy, Inc.
PO Box 25003
Woodbury, MN 55125
651-748-1556

Credentials:

- Certified CEASE Therapist, CEASE Organisation of the Netherlands, Boston MA
- Graduate, Homeopathic Master Clinician course, Luminos Homeopathy Courses, Vancouver, BC
- Certified Classical Homeopath, by the Council on Homeopathic Certification. (homeopathicdirectory.com)
- Graduate, Dynamis School for Advanced Homeopathy, Malvern, England; St. Paul, MN
- Graduate, Northwestern Academy of Homeopathy, Minneapolis, MN
- Master of Arts, Organizational Communication, Purdue University, West Lafayette, IN
- Bachelor of Arts, Political Science, Speech Communication, University of Minnesota, Morris MN

THE STATE OF MINNESOTA HAS NOT ADOPTED ANY EDUCATIONAL 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.

Any client may file a complaint with the following office:

**Office of Unlicensed and Complementary and Alternative Health Care Practice
Health Occupations Program**

Health Occupations Program, Minnesota Department of Health
85 East 7 Place, Suite 300, Post Office Box 64882

St. Paul, MN 55164-0882 Telephone: 651-201-3728 Fax 651-282-3839

- **Practitioner fees for unit of service are:** See attached Office Policies document
- **Method of billing:** Cash, check, or CC at the time of service.
- **Insurance companies that reimburse practitioner services:** None
- **Health maintenance organizations that the practitioner is contracted with to provide services:** None
- **Practitioner does not accept Medicare.**
- **Practitioner does not accept Medical Assistance.**



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- **Practitioner does not accept General Assistance Medical Care**
- **Practitioner does not accept partial payment nor waives payment.**
- **Clients have a right to a reasonable notice of changes in services or charges.**
- **The following is a brief summary, in plain language, of the theoretical approach used by the practitioner in providing services to clients:** Homeopathy is a method of healing which uses micro doses of natural products—usually plants, minerals or animals—which in a macro dose would cause symptoms similar to those you are currently experiencing. The small doses contain only the essence of the product. Although no one really knows how homeopathy works, it is believed that the micro doses enable to body to heal itself. The practitioner uses Classical Homeopathy. This means we take a complete case by discussing all aspects of the client’s life to determine a remedy which most closely matches the symptoms he or she is currently experiencing.
- **Client records and transactions with the practitioner are confidential, unless release of these records is authorized in writing by the client, or otherwise provided by law.**
Under Minnesota Statutes, section 144.335, subdivision 5a, a practitioner must provide written notice to clients of the possible “disclosures of health records that may be made without the written consent of the patient, including the type of records and to whom the records may be disclosed.” See **Attachment**.
- **Clients have a right to be allowed access to records and written information from records in accordance with Minnesota Statute 144.335.**
- **Other services may be available in the community. Information concerning services is available at:** www.minnesotahomeopathicassociation.org and www.CEASE-therapy.com .
- **Clients 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.**
- **Clients have a right to a coordinated transfer when there will be a change in the provider of services.**
- **Clients may refuse services or treatment, unless otherwise provided by law.**
- **Clients may assert the client’s rights without retaliation.**

Subd. 2. 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 bill of rights.

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 right as a client. I understand my rights as a client.

Client Signature

Date

Witness

Date

Relationship to client if client is physically or legally unable to sign for self



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ACCESS TO HEALTH RECORDS PRACTICES AND RIGHTS

A health care provider or a person who gets health records from a provider may not release a patient's health records without a signed and dated consent from that patient. Sometimes the law makes exceptions.

RELEASE OF HEALTH RECORDS AND CONFIDENTIALITY:

Certain federal and state laws protect patients' rights to confidentiality of their health records.

Under Minnesota law, a patient may review any information in his or her health records, regarding diagnosis, treatment and prognosis. If a patient asks in writing, a provider must give the patient copies of either the records or copies of a summary of the information in the records unless the provider has determined that the information is detrimental to the physical or mental health of the patient, or is likely to cause the patient to inflict self harm, or to harm another. If such a determination had been made, then the information can be given to another provider or appropriate third party. Minnesota statute sets a maximum charge for finding and copying records.

RELEASE OF HEALTH RECORDS WITHOUT PATIENT CONSENT:

In circumstances specified in statute, health record information may or must be released without the patient's consent. The following are some, but not all, examples:

- In a Medical Emergency
- When a federal law requires it
- When someone receives a court order or a federal grand jury subpoena requiring release of health information

- Under Minnesota law to the following persons or organizations for specific purposes:
 - Department of Health
 - Department of Public Safety
 - Department of Employee Relations
 - Office of Mental Health Practices
 - State Fire Marshal
 - Community Action Agencies
 - Schools and childcare facilities may transfer immunization records without consent
 - Public or private post-secondary education institutions
 - Medical examiners or coroners
 - Minnesota Health Data Institute
 - Guardians or conservators of incompetent persons
 - Insurance companies and other payors paying for independent medical examinations
 - Department of Human Services
 - Department of Commerce
 - Department of Labor and Industry, insurers and employers in worker's compensation cases
 - Ombudsman for Mental Health and Mental Retardation
 - Health Boards
 - Health professional licensing boards or agencies
 - Law enforcement agencies
 - Local welfare agencies
 - Media or scientific researcher
 - Potential victims of serious threats of physical violence
 - Parents/Legal guardians of a minor who is being treated where failure to inform could create serious health problems
 - Proxies, ombudsmen, attorneys-in-fact

If you have any questions or require additional information, please call the Minnesota Department of Health at 651-282-6314.

Information based on M.S. 144.335. Subd.5a