

Wellness Lane

Classical Homeopathy and Wellness Consultation

Kim Lane, MD 📍 7810 Gloria Circle 📍 Mounds View, MN 55112
o-651.348.8089 🌐 www.wellnesslane.us 📞 f-651.203.7399

We bring good health to life!

- 1. Degrees and Training:** Homeopathy is currently not licensed by the State of Minnesota. Dr. Kim Lane is licensed as a family physician in the State of Minnesota. She has received her homeopathic training and is a graduate of the Northwestern School of Homeopathy. The current care you receive will be of a homeopathic nature and consultative allopathic care. Patients are advised to have and receive primary allopathic care from their primary care physician or provider. Dr. Lane will be pleased to coordinate your health care with your primary physician according to your wishes.
- 2. Fee for Service:** This is a fee for service practice, with fees payable at the time of service by cash, check, debit or credit card (Visa and MasterCard accepted).
- 3. Change in Services or Charges:** You have the right to reasonable notice of changes in services or fees, and we will provide prior notice of any changes.
- 4. Description of Services:** See article “Homeopathy: What You Need to Know” that is included or may also be found on our website- www.wellnesslane.org.
- 5. Information about assessment and recommended service:** You have the right to complete and current information concerning any assessment and recommended service, including the expected duration of service to be provided. If you have any questions please ask.
- 6. Courteous treatment:** You may expect courteous treatment and to be free from verbal, physical or sexual abuse by your provider.
- 7. Confidentiality and Access to Records:** Please refer to “Complete Notice of Privacy” also included with your packet and on our website.
- 8. Change of Practitioners:** You have the right to freely choose your practitioner/clinic and to change after services have begun. The Minnesota Homeopathic Association, 651 220-0920 is a resource for other services and practitioners.



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9. **Coordinated Transfer:** If you change practitioners/clinic you have the right to our assistance in coordinating this transfer to another. You will need to sign a record release for transfer of your records.

10. **Refusing Services:** You have the right to refuse service or treatment, unless otherwise required by law.

I hereby acknowledge receipt of the (1) Client Bill of Rights, (2)The Notice of Privacy Practices(HIPAA), (3)“Homeopathy: What You Need to Know” and (4) Payment Policy.

Client Signature Printed Name Date

Parent or Guardian Signature Date