



Complimentary & Alternative Health Care Client Bill of Rights

Practitioner Name: _____

Business Address: 7260 University Ave Suite #315, Fridley MN 55432

Telephone number: 763-571-5161

As of July 1, 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 this page, the following information prior to your treatment.

"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, 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."

• **Complaints:** We strive for complete customer satisfaction, if during your service you are not happy with the pressure, techniques being used, room temperature, music, noise level ect.; please let your Practitioner know immediately so the necessary adjustments can be made for your complete satisfaction. 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 Minnesota Department of Health:

• **Mailing address:** P.O. Box 64882, St. Paul, MN 55164-0882 **Phone:** 651-201-3728 **Fax:** 651-201-3839 **Website:** www.health.state.mn.us **E-mail:** richard.hnasko@state.mn.us

• **Fees, Payment, Insurance:**

All fees will be discussed before treatment is performed and payment will be paid immediately after the service is completed. If paying by check, you will be asked to provide a valid ID. Some of our Practitioners do accept auto insurance payments. Insurance claims must include a copy of a referral from a medical doctor or a Chiropractor. *Tips will be graciously accepted!* A 24 hour notice is expected for appointment changes or cancelations. If you miss an appointment without calling ahead of time, you could be charged the full price of the missed appointment.

• **Change of Price:** Changes in prices will be posted and discussed prior to treatment.

• **Theory of Treatment:**

A consultation will be performed prior to any treatment. Because massage can make some medical conditions worse, the client will be asked to fill out an intake form. The client will be asked about their medical history, any prescription drugs they are taking and if they are being treated for any medical conditions. The Practitioner will discuss the client's medical history and current physical and emotional condition then determine what treatments will be appropriate.

• **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 to their own records maintained by the Practitioner's office, in accordance with state statute sections 144.291 to 144.298;

• **Personal Interaction:** Clients have the right to expect courteous treatment, free from verbal, physical, or sexual abuse. Massage treatments will be performed in a professional manner; the clients will be draped at all times and any inappropriate (sexual) behavior will not be tolerated and will result in the immediate termination of services – **full payment will still be expected!**

• **Other Treatment Available:** The Practitioner will provide you with referrals to other massage therapists, Holistic Health Practitioners or medical doctors as part of the service provided. You can also ask about other health and holistic services recommendations.

• **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 Nonretribution:** The Client has the right to assert any and all of above-mentioned rights without retaliation from the Practitioner.

I _____ **acknowledge by my signature that I have received and understand the Complementary and Alternative Health Care Client Bill of Rights.**

Signature _____ **Date** _____