

Client Bill of Rights

I am pleased to provide you with this Client Bill of Rights, in accordance with Minnesota laws governing complementary and alternative health care practices.

1. **Degrees, training and experience.** Alexandra Thiem is a certified massage therapist located at 4161 Minnehaha Ave, Minneapolis, MN 55406, 612-232-1637. She has completed 600 hours of comprehensive massage training at The Massage School in St. Paul, MN. In addition, she is certified in craniosacral therapy through the Heartwood Institute of Health and Healing in Roseville, MN. She is insured by Associated Bodywork and Massage Professionals.

In accordance with Minnesota law, I am providing you with the following notice:

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.

2. **Right to file a complaint.** If you have any concerns, you may file a complaint with the following state office. Please contact:

Office of Unlicensed Complementary & Alternative Health Care Practice

Minnesota Department of Health

Post Office Box 64882 St. Paul, MN 55164-0882

651-201-3721

Fax 651-201-3839

www.health.state.mn.us

3. **Fees for unit of service.** Fees are payable at time of service (See welcome letter). Medical insurance is taken provided it covers full cost of service.

4. **Change in services or charges.** You have a right to reasonable notice of changes in services or charges, and Alexandra Thiem will provide prior notice of any changes.

5. **Description of Services.** Please see the article “Healing Services”, which is provided in your clinic informational packs and at the address of business.
6. Information about assessment and recommended service. You have a right to complete and current information concerning any assessment and recommended service, including the expected duration of the service to be provided. If you have any questions, please ask.
7. **Confidentiality.** Your records and other information about you are confidential. This information will not be released, unless you authorize release in writing, or unless release is required by law.
8. **Access to client records.** You are allowed access to records and other written information, in accordance with Minnesota Statutes, sections 144.291 to 144.298.
9. **Courteous treatment.** You can expect courteous treatment and to be free from verbal, physical or sexual abuse by the practitioner.
10. **Other available services.** If you are interested in other available services in the community, you may wish to consult Associated Bodywork Massage Professionals.
11. **Change of practitioners.** You 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.
12. **Coordinated transfer.** If you change practitioners, you have the right to my assistance in coordinating the transfer to another practitioner.
13. **Refusing services.** You have the right to refuse services or treatment, unless otherwise provided by law.
14. **No retaliation.** You may assert your rights without retaliation.

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

Client Signature

Date

Parent of Guardian Signature

Date