

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

**Minnesota Statutes, sec.146A.11 state: All unlicensed complementary and alternative health care practitioners shall provide to each complementary and alternative health care client prior to providing treatment a written copy of the complementary and alternative health care client bill of rights. A copy must also be posted in a prominent location in the office of the unlicensed complementary and alternative health care practitioner.**

**Reasonable accommodations shall be made for those clients who cannot read or who have communication impairments and those who do not read or speak English.**

- (1) Business Name: Tranquil Moments Therapeutic Massage  
Practitioner Name: Carol Andrews,  
Complementary and Alternative Health Care Title: Massage Practitioner  
Business Address: 1317 86<sup>th</sup> Av. N., Brooklyn Park, MN. 55444  
Telephone Number: 763-566-3973**
  
- (2) The degrees, training, experience, or other qualifications of the practitioner regarding the complementary and alternative health care being provided are: My degree and training as a Professional Massage Practitioner regarding the complementary and alternative health care being provided consists of the following obtained from the MN School of Health Sciences Massage Diploma: completion of 650 hours of massage training consisting of anatomy/physiology, kinesiology, pathology, Swedish massage, deep tissue massage, neuromuscular techniques, trigger-point techniques, myofascial release techniques, Aromatherapy, manual lymph drainage techniques, Accupressure techniques, Reflexology techniques, Sports massage techniques, Hot Stone massage, PNF stretching, pregnancy massage techniques; obtained from Day Break Geriatric Massage Institute 3-day workshop: completion 17 hours of Geriatric Massage Level 1 training; obtained from Young Living Essential Oil Science and Application 3-day workshop: completion of Raindrop Technique Massage training.**

**THE STATE OF MINNESOTA HAS NOT ADOPTED ANY EDUCATIONAL AND TRAINING STANDARDS FOR UNLICENSED COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTITIONERS. THIS STATEMENT OF CREDENTIAL 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 provided, the client may seek such services at any time.**

- (3) **Notice:** A complementary and alternative health care client has the right to file a complaint with the practitioner.

The following is the procedure for filing complaints with the practitioner:  
 Submit complaint verbally to practitioner if available and document in writing the complaint. Please include your name, phone number and content of complaint. All written complaints may be mailed to; Tranquil Moments Therapeutic Massage, Carol Andrews, 1317 86<sup>th</sup> Av. N., Brooklyn Park, MN. 55444. I will attempt to contact you by phone for comment.

- (4) **Notice:** Any client may file a complaint with the following office:

**Name:** Office of Unlicensed Complementary and Alternative Health Care Practices  
**Address:** Health Occupations Program  
 Minnesota Department of Health  
 P.O. Box 64975  
 121 East 7<sup>th</sup> Place, Suite 400  
 St. Paul, MN. 55164-0975  
**Telephone Number:** 651-282-6319  
 1-800-657-3957

- (5) **Practitioner fees for unit of service are:** \$90 for 1 ½ hour session  
 \$60 for 1 hour session  
 \$35 for ½ hour session  
 \$20 for 15 minute chair session  
 \$70 for Hot Stone Massage  
 \$75 for Raindrop Technique Massage  
 \$70 for Work-Site Massage  
 \$80 for Massage (in clients home)

Fees do not include sales tax.

**Method of billing:** Client is to pay at the time of services with cash, credit card or check card only.

**Insurance Companies that reimburse practitioner's services:** none at this time.

**Health maintenance organizations that practitioner is contracted with to provide services:** none at this time.

**Practitioner does not accept Medicare at this time.**

**Practitioner does not accept Medical Assistance at this time.**

**Practitioner does not accept General Assistance Medial Care at this time.**

**Practitioner does not accept partial payment or waives payment.**

**Practitioner services available:**

<b>Monday – Friday</b>	<b>2:00PM – 9:00PM</b>
<b>Saturday</b>	<b>12:00PM – 4:00PM</b>

**Work-Site or in home times available by special appointment.**

**Sunday and morning hours available by special appointment only.**

**Closed on holidays.**

- (6) **Notice:** Clients have a right to reasonable notice of changes in services or charges.
- (7) **The following is a brief summary, in plain language, of the theoretical approach used by the practitioner in providing services to clients: A variation of Swedish massage strokes and deep tissue applications may be utilized to therapeutically promote relaxation, increase blood and lymph movement, reduce edema, stretch tissue, break up adhesions, stimulate tissue repair, loosen phlegm, reduce or eliminate pain, increase flexibility and mobility, remove toxins and metabolic wastes, promote improved sense of well-being, and reduce stress. Modalities such as hot or cold water/compresses or stones, and aromatherapy may be used to assist with the therapeutic effect. Basic application of reflexology, Asian bodywork techniques, or other energy assessment/techniques may be offered to supplement the session.**
- (8) **Notice:** 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.
- (9) **Notice:** Clients may expect courteous treatment and to be free from verbal, physical, or sexual abuse by the practitioner.
- (10) **Notice:** Client records and transactions with practitioner are confidential, unless release of these records is authorized in writing by the client, or otherwise provided by law.
- (11) **Notice:** Clients have a right to be allowed access to records and written information from records in accordance with Minnesota Statute 144.335.
- (12) **Notice:** Other services may be available in the community. Information concerning services may be obtained from local yellow pages.
- (13) **Notice:** 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.

- (14) **Notice:** Clients have a right to coordinates transfer when there will be a change in the provider of services.
- (15) **Notice:** Clients may refuse services or treatment, unless otherwise provided by law.
- (16) **Notice:** Clients may assert the client’s right without retaliation.

**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**

\_\_\_\_\_  
**Printed Client Name**