

Duir Massage Complimentary & Alternative Health Care Client Bill of Rights

Practitioner Name: Cynthia Miller

Business Address: 7362 University Ave #303, Fridley MN 55432

Telephone number: 952-334-7657

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.

Cynthia Miller, hereafter, "the Practitioner" has the received following education, training & credentials:

Prenatal Massage	Dec 2016
Crystal Grids	May 2016
Fundamentals of Mu-Xing	April 2016
CranioSacral Therapy II	June 2014
Viseral Manipulation	April 2014
CranioSacral Therapy I	April 2013
Effective Treatment for Sciatica	November 2012
Orthopedic Massage Techniques for Cervical Spine	June 2012
Massage Envy Hot Stone Massage	June 2011
Celtic Reiki Master Certification	April 2007
Massage Therapist Diploma - 600 hours	September 2004

"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:** 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 by cash or credit will be paid immediately after the service is completed. I do accept insurance payments, insurance claims must include a copy of a referral from a medical doctor or a Chiropractor. Payments by check MUST BE APPROVED before treatment is to be performed. Tips will be graciously accepted!!

24 hour notice is required for appointment or changes or cancelations.

- **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. I 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:** Other massage therapy services are available to the Client in this same community. These can be located by asking the Practitioner, the provider who referred you to this practitioner or the following practitioner database:
www.amtamassage.org

- **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 have 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 the 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** _____