

## Complementary & Alternative Health Care Client Bill of Rights

**Practitioner Name: Adrienne Estes**

**Business Name: Massage By Adrienne LLC**

**Business Address: 4203 Highway 13 West Savage, MN 55378**

**Telephone number: 763-895-1600**

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 the back of this page, the following information prior to your treatment.

**Adrienne Estes, Massage Therapist, hereafter, "the Practitioner" has the received following education, training & credentials:**

Diploma in Massage Therapy, CENTERPOINT Massage & Shiatsu Therapy School & Clinic, 2016, 900 credit hours.

**"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:** 651-201-3721 **TTY:** 651-201-5797 **Fax:** 651-201-3839

**Website:** <http://www.health.state.mn.us/divs/hpsc/hop/ocap/index.html>

**Fees, Payment, Insurance:** Payment is due at time of service in the form of cash or check, or by credit card, unless prior arrangements have been made. Bounced checks will be subjected to a 25% penalty. Base fees for the Practitioner's service are: \$60 for 60 minutes, \$85 for 90 minutes. Any pre-paid packages, gift certificates, or services are non-refundable. The Practitioner is not on contract with any HMO's, PPO's, or any other Insurance Company to provide discounted services, nor does the practitioner accept any insurance plans.

**Cancellation Policy:** The Practitioner requires 24 hours notice for any cancellations. If less than 24 hours notice is given, 50% of the service will be charged; in the case of a no-call/no-show the full amount of the service will be charged to the card used to book the appointment.

**Change of Price:** Reoccurring clients will be notified of any price changes before a new appointment is scheduled. New clients will be notified of prices before the appointment is scheduled.

**Theory of Treatment:** The therapist uses an approach of Swedish massage to promote relaxation. The therapist uses trigger point therapy, cross-fiber friction, ironing, and similar therapeutic massage techniques to break up lesions and and knots in muscle bellies and release tension in order to promote muscle healing.

**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.

**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 searching various practitioner databases.

**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 their 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. The therapist likewise has the right to refuse service to any client for any reason without the need to provide one.

**Right of Non-Retribution:** The Client has the right to assert that any and all of above- mentioned rights without retaliation from the Practitioner.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_