

Complementary & Alternative Health Care Client Bill of Rights

Last Updated: 10/12/2022

Practitioner Name: John Adams

Business Name: BODHI Massage LLC

Business Address: 232 Snelling Avenue South, St. Paul, MN 55105

Telephone number: 612-454-0260

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.

John Adams, "the Practitioner", has the received following education, training & credentials:

Basic Massage & Bodywork Training - Everest Institute, 2012

MBLEx - Massage & Bodywork Licensing Exam - Federation of State Massage Therapy Boards - 2012

The Information that follows in quotation marks is required to be on the Client Bill of Rights in bold print by the state statute: **"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
- **Fees, Payment, Insurance:** Fees for massage therapy at BODHI Massage LLC are as follows (prices include applicable sales tax): \$55 for 30 minutes, \$65 for 45 minutes, \$78 for 60 minutes, \$88 for 75 minutes, or \$100 for 90 minutes. Payment is accepted via cash or credit card. This Practitioner is not on contract with any HMO's, PPO's, or any other Insurance Company to provide discounted services. This Practitioner does not accept Medicare, Medical Assistance, or general assistance medical care. Payment in full for services is expected at the time of service, unless otherwise arranged prior to the appointment. BODHI Massage LLC requires 24 hours notice for cancellations or client is responsible for payment of full scheduled session.
- **Change of Price:** While changes in session fees can occur, reasonable notice of those changes is provided by session fees being posted in the Practitioner's office, or by the client asking when scheduling the appointment.

- **Theory of Treatment:** The state requires a “Plain language” summary of the “theoretical approach used to provide service to clients”. The Practitioner’s Theory of Treatment is: *I use flowing Swedish massage techniques integrated with some deep tissue work to remove soft tissue restrictions, reduce pain, and promote general relaxation.*
- **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. Client must request record access in writing and allow up to 3 business days for the records to be provided.
- **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 at the practitioner database: www.massagetherapy.com
- **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. Client must request record transfer in writing and allow up to 3 business days for the records to be provided.
- **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 _____