

COMPLEMENTARY AND ALTERNATIVE HEALTH CARE CLIENT BILL OF RIGHTS

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.

HEALING TOUCH is an energy based therapeutic approach to health and healing. It uses techniques to restore harmony and balance to the client's physical, emotional, mental, and spiritual states of being, thereby placing the client in a condition to self heal.

PROVIDER FEES:

Session Fee \$ 50.00 /hour - \$ 60.00 / hour for visits outside of home clinic

Small group/informational class sessions \$30.00 / approx. 2 hours

Adjusted fees may be negotiated.

A 20.00 fee is assessed for returned checks.

Payment is required for appointments not cancelled 24 hours in advance.

HEALING TOUCH CLIENTS HAVE A RIGHT TO:

- *Reasonable notice of change in services and charges.
- *Complete and current information concerning the practitioner's assessment and the service that is to be provided. Duration of the services is by client choice.
- *Coordinated services with other health care providers.
- *Expect courteous treatment and to be free from verbal, physical or sexual abuse by the practitioner.
- *Confidentiality of all records and transactions unless release is approved in writing by the client or otherwise provided by law.
- *Documentation of treatments in accordance with MN Statutes, section 144.335.
- *Be informed of other services available in the community for the client's benefit.
- *Choose freely among practitioners; to change practitioners at any time.
- *Coordinated transfer if there is a change in provider of services.
- *Refuse services or treatment, unless otherwise provided by law.
- *File complaints with the Office of Complementary/Alternative Health care, Dept. Of Health, 85 E 7th Place, St. Paul, MN 55101, 651- 215- 5800
- *Assert client rights without retaliation

ACKNOWLEDGMENT BY CLIENT: Prior to provision of service, Healing Touch therapy will be explained and client will sign a release form acknowledging the terms and the receipt of the Client bill of Rights.