



Complementary & Alternative Healthcare Client Bill of Rights

Practitioner Name: Andrea Linnes-Bagley

Business Name: Healing Hands Therapeutic Massage

Business Address: 5352 1/2 Chicago Ave S, Minneapolis, MN 55417

Telephone number: 612-568-4486

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.

Andrea Linnes-Bagley, MT, NCTMB, BA, hereafter, "the Practitioner" has received the following education, training & credentials:

- BA – Bachelor of Arts Degree: Sociology, Concordia College Moorhead, MN – 2004
- Professional Massage Therapy Training: Sister Rosalind Gefre School of Massage Fargo, ND – 2007
- Chair Massage Training: Sister Rosalind Gefre School of Massage Fargo, ND – 2007
- Reflexology Training: Sister Rosalind Gefre School of Massage Fargo, ND – 2007
- NCTMB – Nationally Certified in Therapeutic Massage & Bodywork: National Certification Board for Therapeutic Massage and Bodywork - 2007

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."

- **Supervision:** If the Client has a complaint or concern about the care or services that have been received, the Client may contact the Practitioner/Owner at the above address and telephone number.
- **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 the Practitioner's office are as follows. Sales Tax will also be applied to all services except Medical Massage: \$38

for 30 minutes, and \$68 for 60 minutes, or \$97 for 90 minutes. Payment is accepted by cash, or check. Gift Certificates are available for purchase for service of choice. 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 directly 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. Healing Hands Therapeutic Massage requires 24 hours notice for cancellations.

- **Change of Price:** Clients have the right to reasonable notice of changes to the prices, services, or policies. Any change of prices will be posted in the Practitioner's office at least one month prior to the change going into effect. Any change of price will also be told to client when booking an 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 combine deep tissue massage with the fluidity of Swedish relaxation techniques, to remove soft tissue restrictions, reduce pain, improve athletic performance, 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;
- **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 the following practitioner database: www.abmp.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 has the right to coordinated transfer of treatment 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 Non-retribution:** The Client has the right to assert any and all of the 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** _____