

# Client Bill of Rights

## Minnesota Complementary & Alternative Health Care

### Natural Connections Healing Touch

**Practitioner Name and Credentials:** Lori Volding, HTCP, MSED

**Practice Name:** Natural Connections Healing Touch

**Practice Location:** Minneapolis, MN and Telluride, CO regions

**Contact:** Lori Volding, Cell Phone: 612. 388. 9441, Email: [naturalconnectionsht@gmail.com](mailto:naturalconnectionsht@gmail.com)

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**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.**

"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** I strive for complete client satisfaction and encourage open communication to support the client's comfort and needs during the Healing Touch and 'M' Technique session. If during your service you are not happy with the light touch or above body hands in motion, techniques being used, music, noise level, room temperature, etc., please let me know immediately so the necessary adjustments can be made for your complete satisfaction. 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](http://www.health.state.mn.us) Email: [richard.hnasko@state.mn.us](mailto:richard.hnasko@state.mn.us)

#### **Fee Schedule**

- ❖ Initial Healing Touch Session (Remote and In Person): \$140
- ❖ Ongoing Healing Touch Session (In Person) \$120, (Virtual) \$100
- ❖ Add on of 'M' Technique w/essential oil: \$20
- ❖ A sliding fee is available.

#### **Cancellation & Payment Policy**

- ❖ Cash or personal checks are accepted and welcome, or payment through zelle or paypal.
- ❖ All returned checks will be subject to a \$20 fee.
- ❖ I do not handle insurance claims; however a receipt can be provided to you.
- ❖ Cancellations made less than 12 hours notice and missed appointments without notice are subject to a fee half the session fee. You understand that your appointment time is reserved for you and that it is important to give notice if you are unable to make your appointment. Please note that exceptions will be made for unforeseen emergency situations.

**Late Arrivals**

If you arrive late, your session may be shortened in order to accommodate others whose appointments follow yours. Regardless of the length of the treatment actually given, you will be responsible for the “full” session. Please plan accordingly and be on time.

**Theory of Treatment** A history intake will be performed prior to the first session. 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. The Practitioner 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 behavior will not be tolerated and will result in the immediate termination of services – full payment will still be expected!

**Other Treatment Available** The Practitioner will provide you with referrals to other massage therapists, Holistic Health Practitioners or medical doctors as part of the service provided. You can also ask about other health and holistic services recommendations.

**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 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 above-mentioned rights without retaliation from the Practitioner.

I \_\_\_\_\_ (Print Full Name) acknowledge by my signature that I have received and understand the Complementary and Alternative Health Care Bill of Rights.

Client’s Signature \_\_\_\_\_ Date \_\_\_\_\_

If you are completing this form electronically, typing your name in the space provided above will be considered your signature and account for your acceptance & agreement of this agreement for understanding the Minnesota’s Complementary and Alternative Health Care Bill of Rights.