

Complementary and Alternative Care

CLIENT BILL OF RIGHTS

You should know: "THE STATE OF MINNESOTA HAS NOT ADOPTED ANY EDUCATIONAL AND TRAINING STANDARDS FOR UNLICENSED COMPLIMENTARY 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, athletic trainer, or any other type of health care provider, the client may seek such services at any time."

The City of St. Paul HAS adopted educational and training standards for Massage Therapy Practitioners and DOES require a license.

(1) Training and credentials of Lynn K. Patricia, Massage Therapist

- CenterPoint School of Massage and Shiatsu, 1000 hour program
- Nationally Certified Massage and Bodywork Therapist (NCTMB)
- Certified Practitioner of Shiatsu (Asian Bodywork Therapy, ABT)
- Certified by ABMP
- Professional member of ABMP
- St. Paul City Massage Practitioner's License, since 8/05
- St. Paul City Massage Center Commercial License since 8/05

(2) **Services:** Lynn K. Patricia provides CHAIR MASSAGE for the purposes of pain relief, relaxation, and improved circulation. Modalities include: Swedish, Trigger Point, Neuromuscular Therapy, Cross Fiber Friction, and Shiatsu. She is insured by the ABMP.

(3) Located at:

New Light Therapy Center
2375 University Ave, Suite 160
Saint Paul, MN 55114
(612) 325-3357

(4) You have the right to file a complaint with:

Minnesota Department of Health
Health Occupations Program
P.O. Box 64975
St. Paul MN 55164
(651) 282-6366

(5) Rates and Payment Policy

As of June 1, 2006 the rates* for service are:

- a. 15 minutes – \$25
- b. 60 minutes - \$85
- c. 90 minutes - \$115

*These rates reflect the amount of time the client can expect in session "hands on". The contracted time will be delivered in full **unless the client causes the delay**. Sales tax is included.

Payment is due at the time of service. Lynn K. Patricia does not accept insurance. Cash, checks, or major credit cards are acceptable forms of payment. **If a check is returned because of insufficient funds, an invoice will be sent to you with an added service fee of \$30.** Payment is expected within seven days of receipt. If the payment is delinquent, it will be turned over to a collection agency.

Lynn K. Patricia uses Paypal to process credit card payments. Paypal requires the following information for all transactions: Name, exact billing address, card number, card expiration date, CVN number, email address, and phone number. The email address and phone number will only be used if it is necessary to contact you to complete the transaction. A copy of their privacy policy is available for viewing on site. You may also access the privacy policy here: http://www.paypal.com/cgi-bin/webscr?cmd=p/gen/ua/policy_privacy-outside

Rate increase: Clients will receive a minimum of 30 days notice of any rate increases.

(6) CANCELLATION POLICY

Except in the case of an emergency, you must provide Lynn K. Patricia with at least 24 hours notice of a cancellation by telephone. If you fail to provide 24 hour notice by telephone you will be charged for services, unless the appointment time can be filled. It is the client's responsibility to be aware of the scheduled appointment time. "Reminder calls" are not standard practice and do not release the client from responsibility. Definition of an emergency for therapist and/or client is illness of self, partner or immediate family or car emergency. If you miss two or more appointments, a non-refundable advance payment will be required for subsequent appointments. Email is NOT an acceptable form of notification.

(7) PERSONAL RECORDS

All client records and transactions are confidential, unless release of these records is authorized in writing by the client, or otherwise provided by a court of law. Clients have the right to complete and current information concerning the therapist's "assessment "including the expected duration of the service.

(8) TERMS OF MAINTAINING PROFESSIONAL RELATIONSHIP

Clients may expect courteous treatment and be free from verbal, physical or sexual abuse. Clients will not be denied services based on race, religion, gender identity, sexual orientation, age, or handicapping conditions. Clients can choose freely among practitioners in the Twin Cities or New Light Therapy Center. Case records can be transferred by written authorization only. Clients may request copies of their records at anytime. Clients have the right to assert any of these above-mentioned rights without any retaliation from the therapist.

I acknowledge that I have received, read and agree to the Client Bill of Rights as required by the MN statute 146A.11.

Client signature

Date

Print full name