

## Complementary and Alternative Health Care Client Bill of Rights

Healing Essence Massage  
607 West Chandler Street  
Arlington, MN 55307  
507-351-3236

As of July 1, 2001, the Freedom of Access to Complementary Care Law requires that you receive and acknowledge that you have received by your signature the following information prior to your treatment.

**The Training of the massage practitioner regarding the complementary and alternative health care being provided, consists of the following obtained from the MN School of Business Massage Diploma Program:** completion of at least 600 hours of massage training. Core training consists of anatomy/physiology, kinesiology, massage techniques I (relaxation massage), massage techniques II (clinical massage & modalities), massage techniques III (special population, spa portion of course & complimentary techniques), massage review (externship), business management, and career development.

**“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 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.”

- Any concerns you might have, address your massage practitioner  
*Pamela C. Pomplun-Morgan, 607 West Chandler Street, Arlington, MN 55307 (507)-351-3236*
- If your concerns have not been met, you have the right to express them and file your complaints with:  
*Office of Unlicensed Complementary and Alternative Health Care Practice located in MN Department of Health,  
P.O. Box 64882, St. Paul, MN 55164 (651)-201-3721*
- You have the right to reasonable notices of changes in services or charges.
- Massage is the systematic and scientific manipulation of the soft tissues of the body to prevent and alleviate pain, discomfort, muscle spasm, and stress; and to promote health and wellness. Massage practitioner utilize Western massage techniques from the Swedish tradition including: gliding, kneading, friction, vibration, percussion, and passive stretching, and advanced techniques that address pain and dysfunction in muscle and connective tissues.
- You have the right to complete and current information concerning any massage specific assessment your massage practitioner has made and any recommended service to be provided, including the expected duration of service.
- You may expect courteous and respectful treatment and to be free from verbal, physical, or sexual abuse by the practitioner.
- Your records and all transactions with the Healing Essence Massage are confidential, unless release of these records is authorized in writing by you, or otherwise provided by law.
- You have the right to access and read your records in accordance with section 144.335
- Other massage and bodywork services may be available to you in the community. Please ask your practitioner for any information you would like.
- You have the right to choose freely among available massage and bodywork practitioners and to change practitioners after services have begun, within the limits of health insurance or other health programs.
- You have the right to coordinated transfer of your records when there will be a change in the provider of services. If you choose to see another massage therapist or health care provider, your records will be transferred at your request.
- You have the right to refuse treatment at any time during a massage therapy session.
- You may assert the above mentioned rights without retaliation from the practitioner.

**My signature acknowledges that I have received the Complementary and Alternative Health Care Client Bill of Rights.**

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Name (printed)

\_\_\_\_\_  
Name (signed)

\_\_\_\_\_  
Date