



1500 30th Ave S - Suite B

Moorhead, MN 56560

Complementary and Alternative Health Care Bill of Rights

Minnesota Statute, section 145A.11 states: All unlicensed complementary and alternative health care practitioners shall provide to each complementary and alternative health care client, prior to providing treatment, a written copy of the complementary and alternative health care client bill of rights.

- 1) Massage Practitioners name: BodySava
Practitioners Office address: 1500 - 30th Ave S, Suite B – Moorhead, MN 56560
Practitioners Phone number: 701-541-6938
- 2) The training of the massage practitioner regarding the complementary and alternative health care being provided consists of the following: 500 hours of professional massage therapy training with emphasis on human anatomy and physiology, kinesiology, pathology, Swedish massage, deep tissue modalities, trigger point therapies, sports, prenatal, special populations, geriatrics, spa, hot stone, myofascial release, and Thai massage modalities.
- 3) Notice: Complementary and Alternative health care client has the right to file a complaint with the practitioner. Please submit your complaint in writing and include your name, phone number, and content of the complaint.
- 4) Notice: If the client has a complaint or concern about the care or services they have received, any client may file a complaint with the following office:
Office of Unlicensed Complementary and Alternative Health Care Practice
Minnesota Department of Health
P.O. Box 64882
St. Paul, MN 55164-0882
Phone: 651-201-3728 Fax: 651-201-3839
Email: Richard.hnasko@state.mn.us Website: www.health.state.mn.us
- 5) Notice: Client has a right to reasonable notice of change in services or charges.
- 6) Notice: Clients have a right to complete and current information concerning the practitioner's assessment and recommended services that is to be provided, including the expected duration of the service to be provided.

- 7) Notice: Clients may expect courteous treatment and to be free from verbal, physical, or sexual abuse by the practitioner.
- 8) Notice: Client records and transactions with the practitioner are confidential, unless release of these records is authorized in writing by the client, or otherwise provided by law.
- 9) Notice: Clients have a right to be allowed access to records and written information from records in accordance with Minnesota Statutes 144.291 to 144.298.
- 10) Notice: Other services may be available in the community. Information concerning services may be obtained from the local yellow pages.
- 11) Notice: Clients have 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.
- 12) Notice: Clients have a right to a coordinated transfer when there will be a change in the provider of services.
- 13) Notice: Clients may refuse services or treatment, unless otherwise provided by law.
- 14) Clients may assert the client's rights without retaliation.

I hereby acknowledge receipt of the Client Bill of Rights document and I have had full opportunity to ask any questions I have about this document and my rights as a client. I understand my rights as a client.

Client Signature: _____ Date: _____

Printed Client Name: _____

Therapist Signature: _____ Date: _____