

Complementary & Alternative Health Care Client Bill of Rights

Practitioner Name: Leah Shirley

Business Name: Leah Shirley Massage

Business Address: 9242 Creek Way, Savage, MN 55378

Telephone number: 952-292-9585

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.

Leah Shirley, MS, CMT, hereafter, "the Practitioner" has the received following education, training & credentials:

- CranioSacral Therapy for Pediatrics 1 - *Upledger Institute* 2017
- Trauma, Neglect, Abuse – *The Body Alchemy of Relational Neuroscience* 2015
- Neural Manipulation – *Barral Institute* 2012
& 2013
- Touch for Health - *International Kinesiology College* 2011
- Neurotransmitters & Brain - *Apex Energetics* 2010
- Myofascial Release - *John Barnes & Barry Jenings* 2001-2010
- Masters of Science – Holistic Nutrition, *Clayton College of Natural Health* 2010
- Reflex Integration - *International Dr. Svetlana Masgutova Institute* 2008-2010
- CranioSacral Therapy – *Upledger Institute* 2005-2009
- Applied Kinesiology – *Dr. Robert Rakowski* 2008
- Cranium, TMJ, Head Trauma, Cranial Faults - *Dr. Robert Rakowski* 2008
- Certified Prenatal Massage Therapist - *Somatic Therapy* 2007
- Releasing & Repatterning of negative emotions & limiting beliefs -*Various Sources* 2006-present
- Migraine Headaches - *Cross Country Education* 2006
- MSAs System Operation - *BioMeridian* 2004
- Massage Therapy – *Minneapolis School of Massage & Bodywork, Inc.* 2001

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."

- **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, with all taxes included: \$125 for a treatment depending on bodywork modality. Payment is accepted by cash, or check. This Practitioner is not on contract with any HMO's, PPO's, or any other Insurance Company to provide discounted services. This Practitioner does 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. Leah Shirley requires 24 hours notice for cancellations.
- **Change of Price:** Clients have the right to reasonable notice of changes to the prices, services, or policies.
- **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: The Practitioner utilizes Deep Tissue Massage, Myofascial Release, craniosacral therapy, Touch For Health and other body work to help clients reduce pain, improve circulation of blood and lymph, improve range of motion and mobility, relief of muscular tension, connective tissue and rebalancing of the body.
- **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.amtamassage.org
- **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 have the right to coordinated transfer of your 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 Nonretribution:** The Client has the right to assert the any and all of 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 _____