



THE STATE OF MINNESOTA HAS NOT ADOPTED ANY EDUCATION AND TRAINING STANDARDS FOR UNLICENSED COMPLEMENTARY AND ALTERNATIVE HEALTHCARE PRACTITIONERS. THIS STATEMENT OF CREDENTIALS IS FOR INFORMATION PURPOSED.

Under Minnesota law, an unlicensed complementary and alternative healthcare 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.”

Any service complaints may be filed with The Minnesota Department of Health PO Box 6475. St. Paul Minnesota 55164-0975 651-282-5923. Fax 651-282-5628

- Payment for services is expected at the time of service: \$95.00 per session.
- In home or hospital sessions are at \$110 per session
- Please notify me 24 hours before a cancellation or you will be charged a 50% cancellation fee.
- You will be notified one month prior to any service charge change.
- Several healing modalities may be incorporated in a session: Traditional Usui Reiki, Brennan Healing Science, and Ahavat Olam.
- You have a right to complete and current information concerning the assessment and recommended service that is provided. You determine the duration of the service.
- You may expect courteous and respectful treatment.
- Any client records conversations and transactions are confidential, unless release of your records is authorized in writing by you or otherwise provided by law.
- You have a right to be allowed access to records and written information from records in accordance with section 144.335.
- Other services are available in the community and you have the right to choose freely among them. You have the right to coordinate transfer to other providers and you may assert your rights without retaliation.

Sign and Date

phone#

E-mail