

## Complimentary & Alternative Health Care Client Bill of Rights

Naomi Thompson  
Healing Palms Massage and Spa  
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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.

Naomi Thompson RMT, NCBTMB, hereafter, "the practitioner" has received the following education, training and credentials:

Rieki Master Teacher Certification-Spirit Light Wellness Center, Winona, MN, 1999, 2000

Basic Massage Therapy and body work Training-La' James International College and Day Spa, Johnston Iowa, 2004

NCBTMB-National Certified for Therapeutic Massage and Bodywork by the National Certification Board for Therapeutic Massage and Bodywork, 2004

Infant Massage Instructor Certification-2006

Cranio Sacral Certification-2008

**“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, 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.”**

Supervision: If Client has a complaint or concern about the care or services you have received, the Client may contact the Practitioner: Naomi Thompson, Owner: Healing Palms Massage and Spa

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](http://www.health.state.mn.us) Email: [Richard.hnasko@state.mn.us](mailto:Richard.hnasko@state.mn.us)

Fees, Payment, Insurance: Healing Palms Massage and Spa accepts Visa, MasterCard, Discover, Cash or Checks

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: Services are for relaxation of tension only and should not be used instead of medical treatment. We do not diagnose or treat any illness or disease.

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](http://www.amtamassage.org)

Right of Agency: The Client has 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 Non-retribution: 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 \_\_\_\_\_