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## Complementary & Alternative Health Care Client Bill of Rights

Please read this Complementary and Alternative Health Care Client Bill of Rights. I am pleased to provide you with this Client Bill of Rights, in accordance with Minnesota laws, Statute 146A, governing complementary and alternative health care practices.

**1. Name and Title.** Monica Droogsma, Massage Therapist

My services are available at: 5622 James Ave. N., Brooklyn Center, MN 55430, phone: 763-561-2211, gmdd11@msn.com

**2. Experience and Training.** I went to The Touch of Life School of Massage in 1985 and 1986 and received 100 hours of training in Therapeutic Healing massage. I have a B.A. in Art and an Associate Degree in Nursing. I have additional training in Therapeutic Touch, MariEl Healing, Crystal Intuitive Healing, Geriatric Massage, Heart Math, and electromagnetic kinesiology technique. I am a nationally registered Karuna Reiki Master. Have studied Rhythmic Movement Training (RMT), Dream Coaching and Inner Healing. I am self-taught in Flower Essence Therapy, and Guided and Intuitional Work. I have over 10 years of massage experience in working with people who have physical and cognitive disabilities, and over 22 years of experience overall. Over 10 years study with a voice/movement instructor. Each year, I take a 2-hour Ethics class and attend a Cancer Conference by the Oncology Nursing Society.

In accordance with Minnesota state law, I am providing you with the following notice:

"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 DISCONTINUATION OF MEDICALLY PRESCRIBED TREATMENTS. IF A CLIENT DESIRES A DIAGNOSIS FROM A LICENSED PHYSICIAN, CHIROPRACTOR OR ACUPUNCTURE PRACTITIONER, OR SERVICES OF 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."

**3. Supervisor.** I am a self-employed practitioner, self supervised and involved in a Peer Review Group.

**4. Complaints.** You have the right to file a complaint against me if you are dissatisfied with my services in any way. You may file a complaint without informing me. However, informing me about your complaint against me is appreciated and, if appropriate, I will schedule a time to discuss the matter with you.

**5. File Complaints to Minnesota Department of Health.** You may file any complaints that you have with the Office of Unlicensed Complementary and Alternative Health Care Practice, Health Occupations Program, Minnesota Department of Health, 121 East Seventh Place, Suite 400, Post Office Box 64975, St. Paul, MN 55164-0975, or call: 651-282-6319, 1-800-657-3957, Fax 651-282-5628.

**6. Fees.** Rates are available upon request. There is a .069% MN sales tax charged per massage. Payment is expected after receipt of massage services. You are responsible to pay for cancellations with less than a 24-hour notice. There is a 20% charge for late payments. I do not handle insurance claims, however, a receipt will be provided to you should you wish to file a claim with your provider. I do not accept Medicare or Medical Assistance. If you are unable to pay the full fee at the time of service, a payment plan can be arranged. This plan must be agreed to in writing prior to providing massage services. In order to receive services, you must be current with your payment plan arrangement.

**7. Change in Service.** You have the right to reasonable notice of changes in services or charges.

**8. Brief Summary of My Theoretical Approach.** The goal of my work is to promote a relaxed state where healing on all levels: mental, emotional, energetic and physical may take place, which encourages the client to be their True Self. I promote this through Intuitive Healing and Massage.

**9. Assessment and Recommendations.** You have the right to complete and current information concerning my assessment of your condition based on the information you provide to me and my recommendations for services that I can provide to you, including the expected duration of the services to be provided.

**10. Courteous Service.** You may expect courteous treatment and to be free from verbal, physical or sexual abuse by your practitioner.

**11. Confidentiality.** Your records and transactions with this office are confidential, unless release of these records is authorized in writing by you, or otherwise provided by law.

**12. Records.** You are allowed access to records and written information from records in accordance with section 144.335 of Minnesota Statutes.

**13. Other Community Services.** Other similar services are available in the community. Possible sources of information are Minnesota Wellness Directory, the Edge newspaper directory, or the telephone yellow pages. You may ask your practitioner and she will provide this information to the best of her knowledge.

**14. Selecting and Changing Practitioners.** You have the right to choose freely among available practitioners and to change practitioners at any time. If these services are covered by your health insurance, medical assistance plan, or another health program, you should direct all questions about coverage to your insurance provider.

**15. Changing Providers.** If you chose to change providers, you have the right to coordinated transfer of service.

**16. Right to Refuse Service.** You are free to refuse services or treatment unless otherwise provided by law.

**17. No Retaliation.** You may assert your rights described in this Client Bill of Rights at any time without retaliation.

#### **ACKNOWLEDGEMENT**

I have received a copy of the Complementary and Alternative Client Bill of Rights. I have read and understand the Client Bill of Rights, or it has otherwise been read to me.

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**Client or Legal Guardian (PRINTED)**

\_\_\_\_\_ **Date**

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**Client or Legal Guardian (SIGNATURE)**

\_\_\_\_\_ **Date**

**MONICA DROOGSMA**

5622 James Ave. N. \* Brooklyn Center, MN 55430 \* **763-561-2211** \* cell: 612-860-9589 \* gmdd11@msn.com

August 6, 2008