

CHANGING PATTERNS
ENHANCING HEALTH
creating vibrant life

ADAGIO HOLISTIC THERAPIES, LLC
2457 Lyndale Avenue South, Minneapolis, MN 55405
612-288-0488 www.adagioholistic.com

COMPLEMENTARY AND ALTERNATIVE HEALTH CARE
CLIENT BILL OF RIGHTS

Jill M. Shepherd, NCBTMB

Adagio Holistic Therapies, LLC, 2457 Lyndale Avenue South, Minneapolis, MN 55405
Telephone: 612.288.0488

Jill M. Shepherd, NCBTMB, hereafter, “the Practitioner” has received the following education, training, and credentials:

- In practice since 1999
- Prenatal and Postpartum Pregnancy Certification through Carole Osborne-Sheets
- Professional Practitioner of Maya abdominal treatments through the Arvigo Institute
- Certified with the National Certification Board for Therapeutic Massage & Bodywork
- Professional Member of the American Massage Therapy Association (AMTA)
- Diploma from the Northern Lights School of Massage Therapy
- Member of the Maya Abdominal Massage Association (MAMA)

As of July 01, 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.

“THE STATE OF MINNESOTA HAS NOT ADOPTED ANY EDUCATIONAL OR 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.”

Complaints – If the Client has a complaint or concern about the care or services they have received, the Client may also contact OCAP (Office of Alternative Practices) at 651.201.3728.

FEES, PAYMENT, INSURANCE AS OF JANUARY 01, 2009

30-MINUTE SESSION IS \$55.00
60-MINUTE SESSION IS \$85.00
90-MINUTE SESSION IS \$120.00

Prices include all applicable taxes. Payment is accepted by cash or check and is to be paid in full at the time of treatment. I do not take insurance. However, you may contact your health care insurer directly to see if they will cover these services and to obtain reimbursement from them, if allowed. I will provide a receipt for purposes of insurance reimbursement and treatment notes as they apply. Jill Shepherd and Adagio Holistic Therapies, LLC requires a 24-hour business day advanced notice for cancellations.

- **Change of Price** – While changes in session fees can occur, reasonable notice of those changes is provided by session fees being posted in the Practitioner’s office, will be sent via online newsletter, or by the client asking when scheduling the appointment.
- **Theory of Treatment** – The state requires a “plain language” summary of the “theoretical approach used to provide service to clients”. Please reference the practitioner’s credentials as this varies per practitioner. Client may also ask the practitioner.
- **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 their own records, maintained by the Practitioner’s office, in accordance with state statute 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 alternative 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, www.arvigomassage.com.
- **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 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 any and all of the above-mentioned rights without retaliation from the Practitioner.

I (please **print** your name) _____
 acknowledge by my signature that I have received and understand the Complementary and
 Alternative Health Care Client Bill of Rights.

Signature _____ Date _____