

## **Complementary and 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.

My Spirit Experience services are available at  
7204 W 27<sup>th</sup> Street #100  
St Louis Park, MN 55426

Heidi Steffens is certified through Venus Rising University as an Ordain Shamanic Minister and a Reiki Master Instructor.

**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."**

If you have any concerns, you may file a complaint with the following office.  
Office of Complementary and Alternative Practice (OCAP)  
Minnesota Department of Health  
P.O. Box 64975, Suite 400  
Metro Square Building  
St. Paul, MN 55164  
Website: [www.health.state.mn.us](http://www.health.state.mn.us)

Fees are payable at the time of service. 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 the provision of services. In order to receive services, you must be current with your payment plan arrangement. We do not handle insurance claims; however, a receipt will be provided to you, should you wish to file a claim with your provider. We do not accept Medicare, Medical Assistance or General Assistance medical care.

You have the right to reasonable notice of changes in services or charges, and I will provide prior notice of any changes.

My Spirit Experience is committed to being a premier provider of holistic services for the purpose of healing and well-being. We will provide a comprehensive session based on the needs and availability of the client. To the extent possible, My Spirit Experience will provide ongoing care as part of the client's personal wellness program. The intention of each session is always for the client's highest good of balancing the energies of their body, mind and spirit.

You have the right to complete and current information concerning our assessment and recommended service, including the expected duration of the services to be provided. If you have any questions, please ask.

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

Your records and transactions with this office are confidential. This information will not be released unless you authorize release in writing, or unless release is required by law.

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

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.

You have 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. If these services are covered by your health insurance, medical assistance plan or other health program, you should direct all questions about coverage to your health insurance provider.

If you change practitioners, you have the right to our assistance in coordinating this transfer to another practitioner.

You are free to refuse services or treatment unless otherwise provided by law.

You may assert your rights described in this Client Bill of Rights at any time without retaliation.

**ACKNOWLEDGMENT**

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. I have had a full opportunity to ask any questions I have about this document and my rights as a client. I understand my rights as a client.

\_\_\_\_\_  
Client or Legal Guardian's Name Printed

\_\_\_\_\_  
Client or Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Client (If Legal Guardian signs for Client)

\_\_\_\_\_  
Date