

Complementary & Alternative Health Care Client Bill of Rights

Practitioner Name: Melanie Metz
Business Name: Melanie Metz Massage Therapy, c/o Adagio Holistic Therapies, LLC
Business Address: 710 West 40th Street, Minneapolis, MN, 55409
Telephone number: (612) 760-3076 (Melanie), (612) 288-0488 (Adagio)

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.

Melanie Metz, hereafter, "the Practitioner" has the received following education, training & credentials:

- Student - Associate of Applied Science degree - East West Therapeutic Bodywork, 1350 Clock Hours, 64 Credit Hours, from CenterPoint Massage & Shiatsu Therapy School & Clinic, Graduating April 2018
- Certificate - Cupping, Moxibustion and Gua Sha Level I, Adagio Holistic Therapies, Kimberly S. Hart
- Fundamentals of Traditional Healing, 9 Month Tutorial, Kimberly Hart and Selma Sroka
- Certificate - Curanderismo Part 1, 2 & 3: Traditional Healing of the Body, of the Spirit/Energy and with Cultural Traditions, University of New Mexico, Dr. Eliseo Torres
- Certificate - Traditional Medicine without Borders, University of New Mexico, Dr. Eliseo Torres
- Certificate - Meditation Health, License 451562-11, Allegra Learning Solutions, LLC, 2015
- Reiki Practitioner Levels I, II, III and Master Certification, Quantum Heart Reiki School, Dawn Marian
- Hands-on Energy Healing, Basic and Advanced Training, Echo Lee Bodine
- Ordained Minister
- Bachelor of Science Degree, Biomedical Science & Chemistry, from Saint Cloud State University

"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, 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."

- **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: 651-201-3721

TTY: 651-201-5797

Fax: 651-201-3839

Website: <http://www.health.state.mn.us/divs/hpsc/hop/ocap/index.html>

- **Fees, Payment, Insurance as of April 1st, 2017:**
 - 30-minute session is \$50 including all taxes
 - 60-minute session is \$80 including all taxes
 - 90-minute session is \$120 including all taxes

Payment is accepted by cash, check, credit card (VISA/MC). This Practitioner is not on contract with any HMOs, PPOs or any other Insurance Company to provide discounted services. This Practitioner does not accept Medicare, Medical Assistance or general assistance medical care. Melanie Metz Massage Therapy does supply a receipt at time of payment with the appropriate CPT codes, thus clients may submit for reimbursement themselves, if they so desire. Payment for services is expected in full at the time of service, unless otherwise arranged prior to the appointment. Melanie Metz Massage Therapy requires a minimum of 48-hour business day advanced notice for cancellations or the client may be charged for the full appointment.

- **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 as follows:
 - The Practitioner utilizes Shiatsu Bodywork, Cupping, Gua Sha, Moxibustion, Reiki, Deep Tissue Massage, Swedish-Style Relaxation Massage, and Energy Healing techniques within scope of practice to help clients reduce pain, improve circulation of blood and lymph, improve range of motion, balance energy, reduce stress, and enhance quality of life.
- **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, the following practitioner database: www.amtamassage.org, or other internet searches using terms such as “massage therapy”.
- **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 their 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 above-mentioned rights without retaliation from the Practitioner.

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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 _____