

MCKENZIE INTEGRATIVE MEDICINE, LLC

*McKenzieIntegrativeMedicine.com*

**TREATING THE CAUSE  
ENGAGING BODY WISDOM  
OPTIMIZING WELL ~ BEING**

710 W. 40th St, Minneapolis, MN 55409  
(612) 288-0488  
adagioholistic.com

**COMPLEMENTARY AND ALTERNATIVE HEALTH CARE  
CLIENT BILL OF RIGHTS**

**Keyena (Angela) McKenzie, ND, LM, CPM**

McKenzieIntegrativeMedicine.com  
710 W 40<sup>th</sup> St, Minneapolis, MN 55409  
Telephone: 608-258-2525

Keyena (Angela) McKenzie, ND, LM, CPM, hereafter, "the Practitioner" has received the following education, training, and credentials:

- Doctorate of Naturopathic Medicine, 1998, National College of Natural Medicine, Portland, OR
- Certificate in Naturopathic Obstetrics (Midwifery), 1998, National College of Natural Medicine, Portland, OR
- Advanced studies, Homeopathic Medicine, 1995-98, National College of Natural Medicine, Portland, OR
- Bachelor of Arts, Education and Family Studies, Goddard College, Plainfield Vermont
- Naturopathic Doctor (ND) licensed by the Oregon Board of Naturopathic Medicine since 2000
- Certified Professional Midwife (CPM) by the North American Registry of Midwives since 2014
- Licensed Midwife (LM) by the State of Wisconsin since 2014
- Certified H.A.R.T. Method Practitioner since 2015
- Completion Basic Course for Lactation Specialists with Evergreen Hospital, Seattle Washington, 1998
- Neonatal Resuscitation (NRP) certified, ongoing, American Academy of Pediatrics
- Cardiopulmonary Resuscitation (CPR)/Basic Life Support for Health Care Providers certified, ongoing, American Heart Association
- Advanced Life Support in Obstetrics (ALSO) American Academy of Family Physicians
- Other coursework includes: Bowen Technique, Cupping/Gua Sha/Moxabustion

All of the previously mentioned techniques are body-mind-spirit centered as to work with the whole person. Some from our culture, some from others; utilized to facilitate your body's own innate wisdom for healing and vibrant health.

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 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 contact OCAP (Office of Alternative Practices) at 651.201.3728.

**Fees, Payment, Insurance as of January 19, 2015**

30-minute session is \$60.00 including all taxes  
60-minute session is \$120.00 including all taxes  
90-minute session is \$180.00 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. Full Circle Health, LLC does supply a receipt at time of payment thus the clients may submit for reimbursement themselves, if they so desire. Payment in full for services is expected at the time of service, unless otherwise arranged prior to the appointment. Keyena (Angela) McKenzie and McKenzie Integrative Medicine LLC requires a minimum of 48-hour business day advanced notice for cancellations or you may be charged for the full appointment.

- **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.
- **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 \_\_\_\_\_