

## Complementary and Alternative Health Care Client Bill of Rights

Like A River Massage Therapy, LLC  
Lori Januszewski, CMT

**Lori Januszewski, CMT**, hereafter "the Practitioner" has received the following education, training and credentials:

- Certificate of Massage Therapy, Northwestern Health Sciences University, Bloomington, MN, 2002 - 780 hrs
- Lymphatic Drainage, Northwestern Health Sciences University, Bloomington, MN, 2003
- Neuromuscular Therapy, Northwestern Health Sciences University, Bloomington, MN, 2003
- Member of Associated Bodywork and Massage Professionals (ABMP)

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 this form, 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 the OCAP (Office of Alternative Practices) at 651-201-3728.

### Fees, Payment and Insurance as of October 20, 2018

- 60 Minute Session: \$89.00 plus tax
- 90 Minute Session: \$134.00 plus tax

Payment is accepted by cash, check, credit card (Visa/Mastercard). The Practitioner is not on contract with any HMO's, PPO's or any other Insurance Company to provide discounted services. This Practitioner does not accept Medicare, Medical Assistance or general assistance medical care. Adagio Holistic Therapies, LLC does supply a receipt at the time of payment with the appropriate CPT codes: thus 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. Lori Januszewski requires a minimum 24 business hours advance 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. The client may also ask the Practitioner.

**Right to Current Information** - Clients have the right to complete and current information regarding 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 the 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 or the provider who referred you to this Practitioner.

**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 program.

**Records of 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