



## **Complimentary & Alternative Health Care Client Bill of Rights & Consent**

<b>Practitioner Name:</b>	<u>Elaine Garley, HTACP</u>	<b>Business Name:</b>	<u>Animal &amp; People Bridges</u>
<b>Business Address:</b>	<u>4201 Abbott Ave South</u>	<b>City, State Zip</b>	<u>Minneapolis, MN 55410</u>
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Minnesota's Complementary and Alternative Health Care Practices Law (2016, 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. My services are not licensed by the state of Minnesota and my practice is guided by the Healing Touch Code of Ethics and Standards of Care.

**Elaine Garley, hereafter, "the Practitioner" has the received following education, training & credentials:**

**"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."**

- Advanced Energy Medicine (Cyndi Dale)
  - Bach® (Essences) International Prog (Levels 1-3)
  - Energy Medicine Certificate (Cyndi Dale)
  - Healing Touch Program (Levels 1-3)
  - Healing Touch for Animals® - Certified
  - Healing Touch for Animals® - Adv Proficiency
  - Psychic and Spiritual Development (Echo Bodine)
  - Inner Sound Tuning Fork (Arden Wilken)
  - TTouch® for You (Linda Tellington-Jones)
- **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 Health Occupations Program located in The Minnesota Department of Health:

**Address:** P.O. Box 64882  
St. Paul, MN 55164-0882

**Phone:** 651-201-3727

**Website:** <http://www.health.state.mn.us>

**E-mail:** [Health.HOP@state.mn.us](mailto:Health.HOP@state.mn.us)

- **Fees, Payment, Insurance:** Fees for Energy Therapy are as follows: \$100 for 60 minutes. Payment is accepted by cash, check, or credit card. This Practitioner is not on contract with any HMO's, PPO's, or any other Insurance Company to provide discounted services. This Practitioner does not directly accept Medicare, Medical Assistance, or general assistance medical care. Payment in full for services is expected at the time of service or prior to session, unless otherwise arranged *prior to the appointment*.
- **Cancellation Policy:** If you must cancel a session, please cancel 24 hrs prior to the start of the session. In case of emergency please contact me as soon as possible.
- **Change of Price:** Clients have the right to reasonable notice of changes to the prices, services, or policies.
- **Healing Touch Program Theory of Treatment:** Healing Touch is an energy therapy in which practitioners consciously use their hands in a heart-centered and intentional way to support and facilitate physical, emotional, mental and spiritual health and healing. Healing Touch is a holistic, complementary and integrative energy based therapy that is accomplished through the practitioner's use of contact and/or non-contact touch and a heart-centered state of being. The healing traditions of many cultures emphasize the

importance of subtle energy systems that flow through and around the human body, affecting its health and vitality. Many of these traditions stress that balancing these energy fields can assist the body, mind and spirit in moving towards and maintaining wellness. The goal is to put the client in the position to self heal.

- **Benefits of Healing Touch:** Recent research studies suggest that Healing Touch is effective for physical and mental relaxation, pain management, anxiety and stress reduction, and increasing one's sense of vitality. Clients of Healing Touch typically report experiencing the relaxation response and often report an increased sense of well-being and peace. Many clients report positive experiences that have helped to better cope with illnesses, medical protocols for treatment of medical conditions, and depression. This Practitioner can make no specific claims regarding the results a client may experience from a Healing Touch session.
- **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, emotional, physical, or sexual abuse.
- **Other Treatment Available:** Other energy 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.
- **Records Transfer:** The Client have 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 prior to or during a session, unless otherwise provided by law.
- **Right of Nonretribution:** The Client has the right to assert the any and all of above-mentioned rights without retaliation from the Practitioner.

I grant consent to **Elaine Garley**, as my practitioner for sessions to balance my energy systems. I understand that my practitioner will conduct an assessment and share that information as I wish to know. I will have input into the goals of treatment. I understand the practitioner will work for my best benefit and there are no guarantees to the results of the treatment.

I agree that I will raise any questions or concerns that may arise. I take full responsibility for my own health care and will consider all suggestions for self care or referral to other health care providers. I understand that the practitioner does not diagnose and will not prescribe medication. I acknowledge that these sessions may involve respectful touch.

**I acknowledge by my signature that I have received and understand the Complementary and Alternative Health Care Client Bill of Rights and have consented to treatment**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Parent or Guardian required for minors**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_