

COMPLIMENTARY AND ALTERNATIVE HEALTH CARE BILL OF RIGHTS

Please read and sign this complementary and alternative health care bill of rights. I am providing you with this Client Bill of Rights in accordance with Minnesota Statute 146A governing unlicensed complementary and alternative healthcare practitioners. (1/20/2012)

(1) Practitioner Name: Jennifer L. Galvin-Anderson, M.A. Holistic Life Consultant, Energy Healing & Young Living Essential Oils Raindrop Technique Practitioner

Company: Living Well Energy Healing, Shakopee, Mankato & New Ulm, MN

Physical address: 1676 Liberty Circle, Shakopee, MN 55379

Complementary and Alternative Health Title: Consultant – Energy Practitioner – Raindrop Technique Practitioner – Speaker/Presenter – Educator

Phone: 651.283.1436

(2) Degrees, training, experience, or other qualifications regarding the complementary and alternative health care being provided and the statutory important disclosure statement in bold print below:

(a) Bachelor of Arts degree in Religion, Augsburg College, Minneapolis, MN, 2005

(b) Pastoral Crisis Intervention Training, 2005

(c) Master of Arts degree in Holistic Health, St. Catherine University, Minneapolis, MN, 2008

(d) Reiki I Certified, St. Catherine University, 2008

(e) Reiki II Certified, St. Catherine University, 2008

(f) Healing Touch I completed, St. Catherine University, 2008

(g) Healing Touch II completed, St. Catherine University, 2008

(h) Healing Touch III completed, St. Catherine University, 2008

(i) Raindrop Technique, Young Living and C.A.R.E., 2011

(j) Emotional Release Technique, Young Living and C.A.R.E., 2011

THE STATE OF MINNESOTA HAS NOT ADOPTED ANY EDUCATIONAL 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, nurse, osteopath, physical therapist, dietician, nutritionist, acupuncture practitioner, athletic trainer, or any other type of health care provider, the client may seek such services any time.

(3) If a practitioner has a supervisor:

(a) Supervisor Name: NA; Business Address: NA; Contact Number: NA

(4) A complementary and alternative health care client has the right to file with the practitioner's supervisor, if the practitioner has a supervisor, the following is the process for filing complaints with a supervisor: Not applicable as practitioner is self employed.

(5) Any Client may file a complaint with the following office:

Health Occupations Programs, Division of Compliance Monitoring

Minnesota Department of Health
PO Box 64882, E5 76 Place E, Site 220
St. Paul, MN 55164-0882,
Phone: 651.201.3728.
Fax: 651.201.3E39

(6) Practitioner Fee for Unit of Service:

- a. Consultation, Angel Card Reading and Energy Healing work is donation based payment at this time, client may choose to pay what they can for services
- b. Inclusion of any Young Living oils, such as Raindrop Technique or Emotional Release is \$60

Method of billing: payment in full due when service is rendered. Payment by cash, or personal check, or purchase on PayPal from website.

Insurance companies that reimburse practitioner's service: not applicable.

HMO that practitioner is contracted with to provide services: not applicable.

Practitioner does not accept Medicare, Medical Assistance, General Assistance Medical Care.

Practitioner does not accept partial payment or waive payment.

(7) Clients have a right to reasonable notice of changes in services or charges. This practitioner provides 30 days notice.

(8) The following is a brief summary, in plain language, of the theoretical approach used by the practitioner in providing services to clients: See website at or any attached handout or brochure incorporated within.

(9) Clients may expect courteous treatment and to be free from verbal, physical, or sexual abuse by the practitioner.

(10) Client records and transactions with the practitioner are confidential, unless release of these records is authorized in writing by the client, or otherwise provided by law.

(11) Clients have a right to be allowed access to records and written information from records in accordance with Minnesota Statute 144.291:298.

(12) Clients have the right to choose freely among available practitioners and to change practitioners after services have begun, within limits of health insurance, medical assistance, or other health plans.

(13) Clients have a right to coordinate transfer when there will be a change in the provider service.

(14) Clients may refuse services or treatment, unless otherwise provided by law.

(15) Clients may assert the client's rights without retaliation

Subd. 2

[ACKNOWLEDGEMENT BY CLIENT]: Prior to the provision of any service, a complementary and alternative health care client must sign a written statement attesting that the client has received the complementary and alternative health care bill of rights.

I hereby acknowledge receipt of the Client Bill of Rights and the attached documents incorporated here within, and I have had full opportunity to ask any questions I have about this document and my rights as a client. I understand my rights as a client.

I _____, have received information regarding Living Well Energy Healing. I understand that Energy Healing is a gentle, complementary energy based approach to health and healing that can assist my body in its natural ability to heal. I fully acknowledge and understand that this is accomplished through the use of contact and/or non-contact touch. It has been explained to me, that Energy Healing is a complementary therapy not intended to replace any currently prescribed medical treatments as ordered by my physicians nor any other medical practitioner. These sessions are not meant for diagnosing or treating any physical or mental disease or condition. Energy Healing services do not substitute for diagnosis and treatment from a licensed health care practitioner for illness or injury or other medical conditions. If you have any such concerns you should seek assistance from your medical practitioner.

Jennifer Galvin-Anderson is an **Energy Healing Practitioner**, and is not a licensed physician nor are any Energy Healing services licensed by the state of **Minnesota**. I have been informed that my Energy Healing Practitioner will neither diagnose nor prescribe for any condition that I might have nor does she make any specific claims regarding results from the Living Well sessions that I receive. I have been encouraged to consult a licensed medical practitioner for any physical or mental complaints I may have.

Fees and Payment

The suggested donation of the Energy Healing sessions is \$60 for 60 minutes, but is open to sliding fee if client is under financial stress. The sessions range between 60 minutes to 90 minutes, depending on clients needs. Check and cash are accepted for payment, in addition to pay-pal payments online. ***Checks can be made out to Jennifer Anderson (legal married name).*** Each check that is returned because of insufficient funds will result in a charge to you of \$15.00 plus bank charges. At this time I do not file insurance claims. If you desire, I will give you a receipt if requested for you to submit to your Flex account.

Confidentiality

I have been informed that all client information and records provided during a Living Well session will be kept confidential except under circumstances as detailed in Minnesota Statutes or federal laws and regulations. Information may not be released to individuals or agencies without my signed authorization, except in those legal situations as noted. Practitioners are required by law to report, or cause to be reported, the threat of serious harm to self or others. Client files are maintained in strict confidence, in accordance with applicable state and federal laws and professional standards.

I authorize that material from this Living Well session and or my anonymous confidential files may be discussed with an appropriate mentor for purpose of consultation, education or support. All information will be handled professionally and confidentially. Such discussions enable my **Energy Healing Practitioner** to render better service and increase their effectiveness in my sessions. My questions have been answered to my satisfaction regarding my **Energy Healing Practitioner's** background, credentials, Energy Healing, and what I might expect from this session. I have read this form and I understand and agree to the policies described herein. I give my consent to receive Energy Healing from **Jennifer Galvin-Anderson**.

Patient Name _____ Date _____
Phone Number: _____