



# THE BODY PROJECT

2255 Waters Drive | Mendota Heights, MN 55120 | 952- 220 -7201

## COMPLEMENTARY & ALTERNATIVE HEALTH CARE CLIENT BILL OF RIGHTS & CONSENT

**Practitioner Name:** Practitioners described below (collectively “Practitioners”)

**Business Name:** The Body Project

**Business Address:** 2255 Waters Drive, Mendota Heights, MN 55120

**Telephone number:** 952-220-7201

As of July 1, 2001, Minnesota’s Freedom of Access to Complementary Care Law (Statue 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 following Practitioners are either part of The Body Project or individual contractors to The Body Project and have sufficient degrees, training, experience and qualifications to conduct the treatment described below which include the following:**

**Rob Smith** – Corrective Holistic Exercise Kinesiologist, Certified Fitness Trainer, Certified Breathing Coach, Micro-Current Specialist

**Paula Smith** – Certified Natural Health Professional, MFT Certified Practitioner

**Mary Broback** – Micro-Current Specialist, Certified Breathing Coach

**Nik Miller** – Micro-Current Specialist, Certified Fitness Trainer, Corrective Exercise Specialist, Certified Breathing Coach

**Julie Podpeskar** – Micro-Current Specialist, MFT Certified Practitioner, Healing Touch Practitioner Apprentice

**“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: 651-201-3731 Fax: 651-201-3839
  - Website: [www.health.state.mn.us](http://www.health.state.mn.us)
  - Email: [Health.HOP@state.mn.us](mailto:Health.HOP@state.mn.us)
- **Fees, Payment, Insurance:** Fees for services as described in fee statement provided to client at time of consultation if agreed to prior to treatment. Payment is accepted by cash, check or credit card. These Practitioners are not on contract with any HMO’s, PPO’s, or any other Insurance Company to provide discounted services. These Practitioners do not directly accept Medicare, Medical Assistance, or general assistance medical care. Payment in full for services is expected at the time of service, unless otherwise arranged prior to the appointment.
- **Cancellation Policy:** If you must cancel a session, please cancel 24 hours prior to the start of the session.
- **Change of Price:** Clients have the right to reasonable notice of changes to the prices, services, or policies.
- **Theory of Treatment:** Modalities used are energy-based approaches to health and healing. They are based on the belief that each person has a dynamic, subtle energy field around the body that can be influenced to promote health and healing on the physical, mental, emotional and spiritual levels. These subtle shifts in energy flow work to reestablish the natural balance and harmony in the client’s body. The goal is to put the client in the position to self-heal.



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- **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 services may be available in the community. Information concerning these services may be provided by the Practitioners.
- **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 or services
- **Right of Refusal:** The Client may refuse services or treatment, unless otherwise provided by law.
- **Right of Nonretribution:** The Client has the right to assert any and all of above-mentioned rights without retaliation from the Practitioners.

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.**

I grant consent to the Practitioners for any 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 acknowledge that these sessions may involve respectful touch.

Practitioners are not licensed medical practitioners. The scope of the Practitioners work is limited to energy work, coaching, and educating. In the course of your work with the Practitioners, they may mention or suggest a food, product, service, or life style change. This is offered for informational and educational purposes only. The Practitioners encourage you to do your own research and will be happy to help you find credible sources of information. No action or inaction should be taken solely based on your discussion. Suggestions made by the Practitioners are not medical advice. Information from the Practitioners is for educational purposes only and is not intended to diagnose, treat, cure, or prevent any disease or condition. Always seek the advice of your primary medical professional before making any changes.

**I hereby agree to irrevocably release, waive and hold harmless the Practitioners from and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with my session(s).**

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

Signature of Parent or Guardian required for minors:

Parent of Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_