



Functional Wellness Minneapolis

Sandra L. Jones RSHom(NA)CCH.N.T.P.

ROLFING HOMEOPATHY FUNCTIONAL NUTRITION

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Helping People
Get Out of Pain
The Natural Way

CLIENT BILL OF RIGHTS

I am pleased to provide you with this *Client Bill of Rights*, in accordance with Minnesota laws governing complementary and alternative health care practices.

1. DEGREES, TRAINING, AND EXPERIENCE.

Sandra L. Jones, RS(Hom) CCH N.T.P. has been formally studying classical homeopathy since 2005. She is a graduate of Northwestern Academy of Homeopathy . She is a member in good standing of NASH, North American Society of Homeopaths; NHA, National Homeopathic Association and past president of MHA, Minnesota Homeopathic Association.

She has been studying Rolfing, Structural Integration for over fifteen years. The Rolf Institute (RISI) certified her in 1999 after completing an intensive and comprehensive two-year program. She continues her study through the Institute and has completed courses in other complimentary modalities including cranial-sacral therapy and visceral manipulation therapy. She is a member in good standing of the RISI and IASI (International Association of Structural Integrators).

Sandra holds a national certification in Functional Nutritional Therapies from the Nutritional Therapy Association Inc. She is a member in good standing of the Price Pottenger Nutrition Foundation, American Nutrition Association, National Association of Nutrition Professionals and Weston A Price Foundation.

In accordance with Minnesota Law, I am providing you with the following notice:

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 INFORMATIONAL 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.

2. **RIGHT TO FILE A COMPLAINT.** If you have any concerns, you may file a complaint with the following office:

OFFICE OF UNLICENSED COMPLEMENTARY & ALTERNATIVE HEALTH CARE PRACTICE

Health Occupations Program, Minnesota Department of Health
85 East Seventh Place, Suite 300, PO Box 64882
St Paul, MN 55164
Telephone 651.282.3823, Fax 651.282.3839

3. **FEES FOR UNIT OF SERVICE.** Fees are payable at the time of service, by cash, check, and credit and debit cards. I do not accept partial payment.
4. **CHANGE IN SERVICES OR CHARGES.** You have a right to reasonable notice of changes in services or charges, and we will provide prior notice of any changes.
5. **DESCRIPTION OF SERVICES.** Please see the brochure for Homeopathy and/or the brochure on Rolfing, provided to you in your information packet.
6. **INFORMATION ABOUT ASSESSMENT AND RECOMMENDED SERVICES.** You have the right to complete and current information concerning any assessment and recommended service, including the duration of the service to be provided. If you have any questions, please ask.
7. **COURTEOUS TREATMENT.** You may expect courteous treatment and to be free from verbal, physical, or sexual abuse by the practitioner.

8. CONFIDENTIALITY OF CLIENT INFORMATION. Your records and other information about you are confidential. This information will not be released, unless you authorize release in writing, or unless law requires release.
9. ACCESS TO CLIENT RECORDS. You are allowed access to records and other written information, in accordance with Minnesota Statutes 144.335.
10. OTHER AVAILABLE SERVICES. If you are interested in other available services in the community, you may wish to consult the Minnesota Homeopathic Association.
11. CHANGING PRACTITIONERS. You have 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.
12. COORDINATED TRANSFER. If you change practitioners, you have the right to my assistance in coordinating this transfer to another practitioner.
13. REFUSING SERVICES. You have the right to refuse services or treatment, unless otherwise provided by law.
14. NO RETALIATION. You may assert your rights without retaliation.

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

CLIENT SIGNATURE (PARENT OR GUARDIAN SIGNATURE)

DATE

WITNESS SIGNATURE

DATE