



a fresh approach to health care

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4450 Nicollet Ave S Minneapolis, MN 55419  
Phone: (612) 598-8627 | Fax: (612) 284-7910

## Complementary & Alternative Health Care Client Bill of Rights

### 1. Name of Unlicensed Complementary and Alternative Health Care Practitioner:

Jesse Haas, 4450 Nicollet Ave S, Minneapolis, MN 55419; (612) 598-8627; jesse@wellnessmpls.com

**2. Education Level of Massage Therapist:** Your massage therapist has completed at minimum a certificate program in massage therapy. Please see your bodywork therapist's biographical information on [www.wellnessmpls.com](http://www.wellnessmpls.com).

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 the back of this page, 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.**

**3. Supervisor of Bodywork Therapists:** Not applicable.

**4. Complaints:** If the Client has a complaint or concern about the care or services they have received, the Client may contact the supervisor in paragraph 3 above or the Office of Unlicensed Complementary and Alternative Health Care Practice located in Minnesota Department of Health:  
P.O. Box 64882, St. Paul, MN 55164-0882; (651) 201-3728; fax: (651) 201-3839; [richard.hnasko@state.mn.us](mailto:richard.hnasko@state.mn.us);  
[www.health.state.mn.us](http://www.health.state.mn.us)

**5. Fees:** Payment is due in full at the time of service. Payment options include cash, check or credit card (cash or check preferred). Bodywork is a taxable service unless you have a prescription from a MN licensed professional. Please bring in a copy of your prescription for our records.

Please see your practitioner's page on the Wellness Minneapolis website for detailed pricing information.

Health insurance and liability insurance (auto accidents, personal injury) claims are accepted on a case-by-case basis. The client is responsible for any payments not covered by insurance. Please contact your practitioner to discuss this option further.

**Cancellation Policy:** Wellness Minneapolis requires 24-hour notice for rescheduling or cancellations. Payment will be due in full for rescheduling or cancellations with less than 24-hour notice. Repeat offenses will require credit card payment in advance to hold appointments.

**6. Change of Price:** Clients have the right to reasonable notice of changes to the prices, services, or policies.

**7. Theoretical Approach.** Massage and bodywork therapy are the systematic and scientific manipulation of the soft tissues of the body to prevent and alleviate pain, discomfort, muscle spasm, and stress; and to promote health and wellness.

**8. Right of 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.

**9. 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.

**10. 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;

**11. Personal Interaction:** Clients have the right to expect courteous treatment, free from verbal, physical, or sexual abuse.

**12. Other Treatment Available:** Other massage therapy services are available to the Client in this same community. These can be located by asking the Practitioner, the provider who referred you to this practitioner or the following practitioner database: [www.amtamassage.org](http://www.amtamassage.org)

**13. 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 programs.

**14. Records Transfer:** The Client have the right to coordinated transfer of your records when there will be a change in the provider of services

**15. Right of Refusal:** The Client may refuse services or treatment, unless otherwise provided by law.

**16. Right of Nonretribution:** The Client has the right to assert the any and all of above-mentioned rights without retaliation from the Practitioner.

I \_\_\_\_\_ acknowledge by my signature that I have received and understand the Complementary and Alternative Health Care Client Bill of Rights.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Thank you for taking the time to fill out this health history questionnaire. The information provided allows your practitioner to create the most effective and appropriate treatment possible. You may skip any questions you do not feel comfortable answering. All information you share is confidential.

GENERAL INFORMATION:

Date

Name Parent or Guardian (if under 18)  
 Emergency Contact Relationship to you Phone  
 Date of Birth Preferred Gender Pronouns (he/him, she/her, they/theirs)  
 If you would like to be added to your practitioner's email list, please include your email address:

HEALTH HISTORY and GOALS

Have you received bodywork therapy before? Y N If so, what modality (massage, Shiatsu, etc.)?

What is the primary goal for your bodywork session?

MEDICAL HISTORY: Please list all that apply and give dates:

Cancer	Hypertension	Stroke	Heart disease
Diabetes (type I or II)	Spinal problems	Respiratory problems	
Pregnancy	Endocrine	Arthritis	Varicose veins
Frequent colds/flu	Infectious disease	Seizures	Addiction
GI problems	Osteoporosis	Allergies	

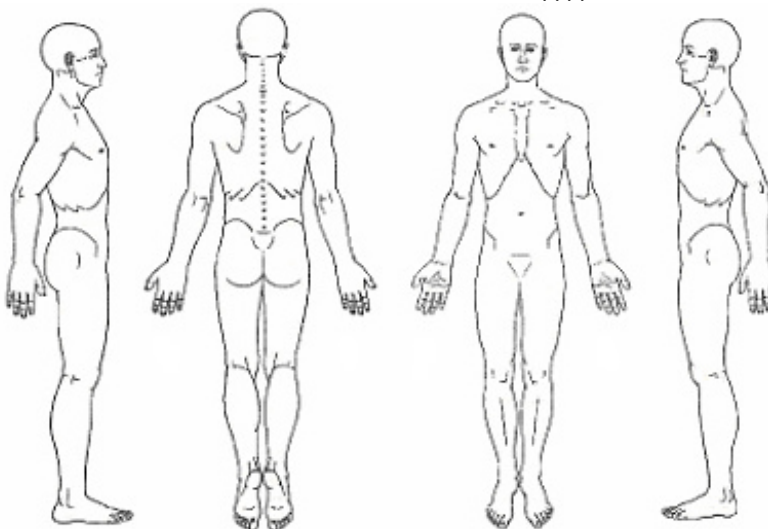
Do you have any pain, stiffness or swelling?

Do you have any sensitivities to lotions, oils, or essential oils?

Anything else you would like to share?

Please mark on the body forms with an "X" where you are experiencing any pain or other discomfort. Next to the "X" use the symbols to indicate the type of pain you have experienced in the past week.

numbness      pins & needles      burning      stabbing      aching      other  
 OOOO          ++++           \*\*\*\*           ///           XXXX          ==



I understand that the treatment given here is for general wellness purposes, including stress reduction, relief from muscular tension or spasm, the promotion of circulation, lymph activity, and flexibility. I understand a massage or bodywork therapist will never touch genitals, breast tissue, or any other areas I instruct them not to touch.

I understand that potential risks of massage include: mild, short-term muscle soreness due to movement or irritating metabolic wastes and mild surface level bruising. I understand I have the right to refuse massage therapy treatment at any time during the session.

Signature

Date