

Complementary and Alternative Health Care Client Bill of Rights

Please read this Complementary and Alternative Health Care Client Bill of Rights. I am pleased to provide you with this Client Bill of Rights, in accordance with Minnesota laws Statute 146A, governing complementary and alternative health care practices.

My Spirit Experience services are available at:
2400 N 2nd Street #311
Minneapolis, MN 55411

Heidi Steffens is a registered Reiki Master Instructor of the Usui method of natural healing, registered Shamanic High Priestess and Ordained Minister through Venus Rising University, certified in Pranic healing and Pranic Crystal healing, and certified in Karuna Reiki healing.

You are being provided 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 information purposes only. Under Minnesota law, an unlicensed complementary and alternative health care practitioner may not provide a medical diagnosis or recommend discontinuation of medically prescribed treatments. If a client desires a diagnosis from a licensed physician, chiropractor, or acupuncture practitioner, or services of a 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 at any time.

If you have any concerns, you may file a complaint with the following office.

Office of Complementary and Alternative Practice (OCAP)
Minnesota Department of Health
P.O. Box 64975, Suite 400
Metro Square Building
St. Paul, MN 55164
Website: www.health.state.mn.us

Fees are payable at the time of service. My Spirit Experience does not accept health care insurance, handle insurance claims, and does not accept Medicare, Medical Assistance or General Assistance medical care.

You have the right to reasonable notice of changes in services or charges, and will be provided notice prior to any changes.

My Spirit Experience is committed to being a premier provider of Shamanic Reiki, Tarot Readings, Medium and Intuitive work, home and business clearings, spiritual consultations and classes for the purpose of peaceful centeredness and well-being. The intention of each session is always for the client's highest good of balancing the energies of his or her body, mind, and spirit.

You have the right to complete and current information concerning our assessment and recommended service, including the expected duration of the services to be provided. If you have any questions, please ask.

You may expect:

- Courteous treatment and to be free from verbal, physical or sexual abuse by your practitioner
- Your records and transactions (if any exist) with this business are confidential. This information will not be released unless you authorize release in writing, or unless release is required by law. You are allowed access to records and written information (if any exist) from records in accordance with section 144.335 of Minnesota Statutes.
- Other similar services are available in the community. Possible sources of information are Minnesota Wellness Directory, the Edge newspaper directory, online business directories or through the yellow pages.
- You have the right to choose freely among available practitioners and to change practitioners at any time.
- If you change practitioners, you have the right to assistance in coordinating this transfer to another practitioner, if necessary.
- You may assert your rights described in this Client Bill of Rights at any time without retaliation.

ACKNOWLEDGMENT

I have received a copy of the Complementary and Alternative Client Bill of Rights. I have read and understand the Client Bill of Rights, or it has otherwise been read to me. I have had a full opportunity to ask any questions I have about this document and my rights as a client. I understand my rights as a client.

Client Signature

Client Name Printed

Date

Parent/Guardian Signature (If client is under 18)

Parent/Guardian Name Printed

Relationship to Client (If Legal Guardian signs for Client)

Date