

COMPLEMENTARY AND ALTERNATIVE HEALTH CARE CLIENT BILL OF RIGHTS

Barbara Bullentini, R.N., CHTP
Northwestern Health Sciences University, Woodwinds Natural Care Center
(This Statement is required by Section 146 A.11 of the Minnesota Statutes.)

1. **Name and address of Unlicensed Complementary and Alternative Health Care Practitioner (the “Practitioner”)**. Barbara Bullentini; R.N., CHTP; The Natural Care Center at Woodwinds, 1875 Woodwinds Drive, Suite 100, Woodbury, MN 55125; (651) 232-6830.
2. **Qualification of Practitioner**. Certified Health Touch Practitioner by Health Touch International (1998).
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, dietician, 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 practitioner**. Deborah Miller; Associate Vice President, Clinical Services, Northwestern Health Sciences University, 2501 W. 84th Street, Bloomington, Minnesota 55431; (952) 885-5418.
4. **Complaints**. As a complementary and alternative health care client (“Client”), you have the right to file a complaint with the supervisor listed in paragraph 3 above. Any such complaint should be directed to the attention of the supervisor, in writing, and should include supporting details sufficient to permit an investigation into the complaint to be commenced.
5. **Office of Unlicensed Complementary and Alternative Health Care Practice**. Office of Complementary and Alternative Health Care Practice, Health Occupations Program (OCAP), P.O. Box 64882, St. Paul, MN 55164-0882, (651) 201-3728. As a Client, you may file complaints with such offices.
6. **Fees**. The Fees for Healing Touch at Northwestern Health Sciences University, Woodwinds Natural Care Center are: \$35.00 for 30 minutes, \$65.00 for 60 minutes, \$100.00 per hour for a home visit. The Practitioner does not accept Medicare, medical assistance or general assistance medical care. The Practitioner is not willing to accept partial payment, or to waive payment.
7. **Notice of Changes in Services or Charges**. As a Client, you have the right to reasonable notice of changes in services or charges.
8. **Theoretical Approach**. Health Touch is an energy-based therapy that promotes relaxation and healing. This non-invasive technique uses the hands to clear, energize, and balance the human and environmental energy fields, thus affecting physical, emotional, mental, and spiritual health and healing. Healing Touch complements conventional health care and is used in collaboration with other approaches to health and healing. Benefits may include pain reduction, facilitation of the body’s natural healing process, stress and anxiety reduction, nausea relief, and promotion of relaxation and sleep.
9. **Right to Information**. As a Client, you 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 services to be provided.
10. **Treatment**. As a Client, you may expect courteous treatment and to be free from verbal, physical, or sexual abuse by the Practitioner.
11. **Client Records/Transactions**. Client records and transactions with the Practitioner are confidential, unless release of these records is authorized in writing by you as the Client, or otherwise provided by law.
12. **Access to Records**. As a Client, you have the right to be allowed access to records and written information from records in accordance with Section 144.335 of the Minnesota Statutes.
13. **Other Services**. Other services may be available in the community. Information concerning such services may be found in the Natural Care Center brochure.
14. **Right to choose**. As a Client, 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.
15. **Coordinated Transfer**. As a Client, you have the right to coordinated transfer when there will be a change in the provider of services.
16. **Refusal of Service**. As a Client, you have the right to refuse service or treatment, unless otherwise provided by law.
17. **Assertion of Rights**. You have the right to assert your rights without retaliation.

Acknowledgement by Client

I hereby Attest that I have received a copy of The Complementary and Alternative Health Care Bill of Rights in relation to services to be provided to me by Barbara Bullentini, R.N., CHTP, as required by Section 146A.11 of the Minnesota Statutes.

Signature

Print Name

Date