

**COMPLEMENTARY AND ALTERNATIVE HEALTH CARE CLIENT BILL OF RIGHTS**

**Kayla Dutter, NCTMB, Massage Therapist**  
**Northwestern Health Sciences University, Woodwinds Natural Care Center**  
**(This Statement is required by Section 146 A.11 of the Minnesota Statutes.)**

1. **Name, etc. of Unlicensed Complementary and Alternative Health Care Practitioner (the "Practitioner")**. Kayla Dutter, NCTMB, Massage Therapist, Northwestern Health Sciences University, Woodwinds Natural Care Center, 1875 Woodwinds Drive, Woodbury, MN 55125 (651) 232-6830
2. **Qualification of Practitioner**. Graduate of Northwestern Health Sciences University School of Massage Therapy (2006). Nationally Certified in Therapeutic Massage and Bodywork. Fascia Series Certificate (2008).  
**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 types 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. 84<sup>th</sup> Street, Bloomington, Minnesota 55431; (952) 885-5418.
4. **Complaints**. As a complementary and alternative health care client (a "Client"). You have the right to file a complaint with the supervisor(s) in paragraph 3 above. Any such complaint should be directed to the attention of the supervisor(s), and be 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 etc.** Fees for massage therapy at Northwestern Health Sciences University, Woodwinds Natural Care Center are: \$36.00 for 30 minutes, \$54.00 for 45 minutes, \$72.00 for 60 minutes, and \$108.00 for 90 minutes. Payment is expected at the time of service by cash, check, or credit card. Personal injury insurance is currently the only insurance that regularly covers massage therapy in Minnesota and massage therapy cannot be provided for a personal injury case without referral and prescription from a chiropractor or physician. .
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**. Massage is 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. My theoretical approach to my work is to promote increased flow of body fluids and neurological impulses by easing restrictions in the soft tissues of the body, and thus aiding the body to heal itself and function in a state of optimal health.
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 massage and bodywork services may be available to you in the community. Please ask me for any information you would like.
14. **Right to choose, etc.** As a Client, you have the right to choose freely among available massage and bodywork practitioners and to change practitioners after services have begun, within the limits of health insurance or other health programs.
15. **Coordinated Transfer**. As a Client, you have the right to coordinated transfer of your records when there will be a change in the provider of services. If you choose to see another massage therapist or health care provider, your records will be transferred at your request.
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 from me, or any Northwestern Health Sciences University staff.

**Acknowledgement by Client**

I hereby attest that I have received a copy of The Complementary and Alternative Health Care Client Bill of Rights in relation to services to be provided to me by Kayla Dutter, NCTMB, Massage Therapist, as required by Section 146A.11 of the Minnesota Statutes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date