



## Client Bill of Rights

The State of Wisconsin has adopted educational and training standards for licensed complementary and alternative health care practitioners. This statement of credentials is for information purposes only.

Under Wisconsin law, a licensed 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, athletic trainer, or any other type of health care provider, the client may seek such services at any time.

1. **Training and credentials of Toni M. Geving, Certified Massage Therapist**
  - St. Croix Center for the Healing Arts, 853 hour program
  - Professional member of ABMP
  - Nationally Certified Massage Therapist and Bodyworker
  - Certification in Swedish, Deep Tissue, Trigger Point, Sports Therapy, Reflexology, Connective Tissue, and Thai Massage, Lymphatic Drainage.
  - Certified in First Aid and CPR
  - Licensed by the State of Wisconsin
  - Deep Tissue Release August 2015
  
2. **Services:** Toni M. Geving provides massage for the purposes of pain relief, relaxation and improved circulation. Modalities included are Swedish, Deep Tissue, Trigger Point, Sports Therapy, Reflexology, Connective Tissue, Lymphatic Drainage and Thai.
  
3. **Location:**

Being Whole Massage & Angel Services, Inc.  
44 St. Croix Trail S, Ste. 170  
Lakeland, MN 55043

Phone: 715-781-7741
  
4. **Complaints:**

You have the right to file a complaint with the Wisconsin Board of Massage Therapy, or with me directly.
  
5. **Payment Policy:**

Payment is due at the time of service. I do not accept insurance. Cash, checks, credit cards, or gift certificates are acceptable forms of payment. **If a check is returned because of insufficient funds, an invoice will be sent to you with an added service fee of \$30.** Payment is expected within ten days of receipt. Any payment plan must be in writing and signed by you and the practitioner.



**6. Change of Service:**

You have the right to a reasonable notice of changes in services or charges.

**7. Cancellation Policy:**

Except in the case of an emergency, you must provide Toni Geving with at least 24 hours notice of a cancellation by telephone. If you fail to provide 24 hour notice by telephone, you will be charged for services, unless the appointment time can be filled. It is the client's responsibility to be aware of the scheduled appointment time. "Reminder calls" are not standard practice and do not release the client from responsibility. Definition of an emergency for therapist and/or client is illness of self, partner or immediate family member or car emergency. If you miss two or more appointments, a non-refundable advance payment will be required for subsequent appointments. Email is NOT an acceptable form of notification.

**8. Personal Records and Assessment:**

All client records are confidential, unless release of these records is authorized in writing by the client, or otherwise provided by a court of law.

Clients have the right to complete and current information concerning the therapist's assessment of your needs, based on the information you provide to me and my recommendations for services that I provide to you, including the expected duration of the service.

**9. Terms of Maintaining Professional Relationship:**

Clients may expect courteous treatment and be free from verbal, physical or sexual abuse. Clients will not be denied services based on race, religion, gender identity, sexual orientation, age, or handicapping conditions. Case records can be transferred by written authorization only. Clients may request copies of their records at anytime. Clients have the right to assert any of these above mentioned rights without any retaliation from the therapist.

**I acknowledge that I have received, read and agree to the Client Bill of Rights.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

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