

Complementary & Alternative Healthcare Client Bill of Rights

Practitioner Name: Shiloh Thompson

Business Name: Elevated Wellness LLC

Business Address: 113 W Broadway St. Monticello, MN 55362 Telephone number: 763-760-9982

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.

Shiloh Thompson RID, CNHP, hereafter, "the Practitioner" has received the following education, training & credentials:

- St Paul College; AAS Degree ASL Interpreting and Transliterating, 2005
- NAD Certification 2005, NIC Certification 2008
- Society for Shamanic Practitioners; 2 year Course with Certification; Jeanne Troge, Mary Stofle 2014
- Usui Reiki Training Levels 1-2, Jeanne Troge Instructor, Park Rapids 2015
- Trinity School of Natural Health, Certified CNHP 2017
- IHT BioScan SRT Certification Levels 1-3; IHT Conference, Additional ongoing studies 2017 - Current
- Reflexology Training: Igham Method Levels 1-2; The International Institute of Reflexology, Joy Walterson Instructor 2017
- "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."

- Supervision: If the Client has a complaint or concern about the care or services that have been received, the Client may contact the Practitioner/ Owner at the above address and telephone number.
- Complaints: If the Client has a complaint or concern about the care or services they have received, the Client may also contact the Office of Unlicensed Complementary and Alternative Health Care Practice located in Minnesota Department of Health:
Mailing address: P.O. Box 64882, St. Paul, MN 55164-0882 Phone: 651-201-3728 Fax: 651-201-3839 Website: www.health.state.mn.us
- Fees, Payment, Insurance: Insurance is not accepted and patients are responsible for payment upon receiving services. Prices are as follows: Intake 115.00, BioScan 90.00, BioScan Treatment Option 45.00, Detox Foot Bath 25.00-45.00, BioMat 30.00. Supplements are available in our storefront at additional costs.
- Change of Price: Clients have the right to reasonable notice of changes to the prices, services, or policies. Any change of prices will be posted in the Practitioner's office at least one month prior to the change going into effect. Any change of price will also be told to client when booking an appointment.
- Theory of Treatment: The state requires a "Plain language" summary of the "theoretical approach used to provide service to clients". The Practitioner's Theory of Treatment is: We aim to educate our patients about healthy lifestyle choices and other natural solutions to common health problems in order to motivate you to take a more active and responsible role in restoring and maintaining your own health as well as the people around you.
- Right to Current 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.
- 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.
- 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;

- Personal Interaction: Clients have the right to expect courteous treatment, free from verbal, physical, or sexual abuse.
- 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.abmp.com.
- 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
- Records Transfer: The Client has the right to coordinated transfer of treatment records when there will be a change in the provider of services.
- Right of Refusal: The Client may refuse services or treatment, unless otherwise provided by law.
- Right of Non-retribution: The Client has the right to assert any and all of the 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_____