

## **COMPLEMENTARY & ALTERNATIVE HEALTH CARE CLIENT BILL OF RIGHTS**

*NOTE: Please inform practitioner if you have lost/misplaced your original copy of this form and need another copy.*

**PRACTITIONER NAME: Courtney Kendall RCST LMT**

**BUSINESS NAME: Whole Human Healing LLC**

**BUSINESS ADDRESS: 600 Twelve Oaks Center Drive, Suite 102, Wayzata, MN 55391**

**TELEPHONE NUMBER: 339-368-9942**

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 Health History/Disclosure/Consent/Service Agreement Form, the following information prior to your treatment.

Courtney Kendall, hereafter, 'the practitioner' has received the following education, training and credentials:

- 2016: Bachelors of Science in Biology from the University of New England
- 2021: NASM Certified Personal Trainer
- 2023: Fascial Fitness Certification from the Fascia Training Academy
- 2023: Biodynamic Craniosacral Therapy certification from Body Intelligence
- 2025: Source Point Practitioner Training
- 2025: Massage Education Certificate from Northwestern Health Sciences University
- 2026: Board Certification in Therapeutic Massage and Bodywork, Masters of Health Science in Integrative Health and Trauma Informed Care from Northwestern Health Sciences University

**“THE STATE OF MINNESOTA HAS NOT ADOPTED ANY EDUCATIONAL AND TRAINING STANDARD 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.”**

**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 the Minnesota Department of Health:

- Mailing address: P.O. Box 64882, St Paul, MN 55164-0882
- Phone: 651-201-3721 TTY: 651-201-5797 Fax: 651-201-3839
- Website: [www.health.state.mn.us/divs/hpsc/hop/ocap/index.html](http://www.health.state.mn.us/divs/hpsc/hop/ocap/index.html)

**Fees & Payment Policies:**

**Craniosacral:**

Adult 16+, 60 min————\$ 95

Adult 16+, 75 min————\$120

Adult 16+, 90 min————\$135

Child (0-13y) 45 min————\$70

Child (0-13) 30 min———— \$48

**Massage:**

60 minute massage———— \$115

75 minute massage———— \$140

90 minute massage———— \$170

120 minute massage———— \$230

**In-home child only craniosacral session within 20 minutes of office add \$30.**

These fees do not include MN Sales tax, which will be added at the time of service to all credit and debit card payments unless a referral from a medical doctor is provided for services.

\*\*\* I DO NOT ACCEPT TIPS \*\*\*

Payments are due at the time of treatment

**CANCELLATION POLICY: A missed appointment or cancellations less than 24-hours before the appointment time will be charged the full scheduled appointment fee.**

**Change of Price:** Clients have the right to reasonable notice of changes to the prices, services, or policies

**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 have 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 Craniosacral 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: <https://www.craniosacraltherapy.org/rcst-member-directory>

**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.

**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 the any and all of above-mentioned rights without retaliation from the Practitioner.