



State of Minnesota Client Bill of Rights Complementary and Alternative Health Care Statute § 146A.11

Please read this Complementary and Alternative Health Care bill of rights.

If you have difficulty reading or understanding this bill of rights, tell me, and reasonable accommodations will be made for you. This information is given to you to help you understand my qualifications and the services I provide. If you have any questions, please discuss them with me. This signed copy is required for my files, Statute § 146A.11.

Alisha Wilke, M.A., Reiki Master
Empowered Psyche, LLC
PO Box 332
Chanhassen, MN 55317
651.503.9627

Masters in Counseling and Psychological Services, St. Mary's University
Reiki Master, The Meta Institute

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.

Reiki is energy work to promote balance and relaxation. By bringing balance to body, mind and spirit, your energy shifts towards optimal health and well being. I use a combination of hands off, as well as light touch hands on, methods, up to and including hands off aura energy work, if you find that acceptable. During the session, if you consent to essential oil use, I use them as well.

Client is responsible for payments at time of service. A typical session duration will be approximately one hour, at a cost of \$65.00. Child and animal sessions vary in length and are charged by the minute. Cancellations must be made 24 hours prior to scheduled appointment; and, client will be charged for sessions cancelled within the 24-hour window. Exceptions may be made for illness and weather, including extenuating circumstances at provider's discretion. Clients have the right to reasonable notice of changes in services and/or charges.

Client has the right to current information concerning assessment, treatment, and expected duration.

The client has the inherent right to be treated with integrity, and the utmost respect, and courtesy as well as treatment that is free from verbal, physical and sexual abuse.

Client records and transactions with me are confidential, unless release of these records, orally or verbally are authorized by client in writing, or otherwise required by law. Records are accessible to client in accordance with section § 144.335 of Minnesota Statutes.

Other community resources are available and may be found in local newspapers and the yellow pages, as well as online. Where and when appropriate, I will make referrals to appropriately qualified health care practitioners to further assist client in their process. Following through on these referrals is the responsibility of the client. The client has the right to choose freely among practitioners and to change practitioners at any time. The client has a right to coordinated transfer in the event of a change in practitioners. The right to refuse services is honored and no retaliation will be done if you need to assert your rights.

I consult with other professionals as needed.

Please contact me with any questions, concerns or complaints you may have. If you feel your complaint is not appropriately addressed, you may contact the State oversight agency:

Office of Unlicensed Complementary and Alternative Health Care Practice
Health Occupations Program
Minnesota Department of Health
Post Office Box 64882
St. Paul, MN 55164-0882
651.201.3728 phone
651.201.3839 fax

Please sign, date and keep a copy for your records.

Printed Name

Signature

____/____/_____
Date