

## COMPLEMENTARY AND ALTERNATIVE HEALTH CARE CLIENT BILL OF RIGHTS

Please read this Client Bill of Rights. If you have any difficulty reading or understanding it, 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 provided to you in this office. If you have any questions please discuss them with me. Before I can provide you with any service, you must sign a written statement attesting that you have received this Complementary and Alternative Health Care Bill of Rights.

### My Name and Title:

Nancy Saslow MA, Integrative Psychotherapist, Board Certified QNRT practitioner, Certified Acupressurist, Certified Jin Shin Jyutsu Practitioner, Certified Yoga Instructor

**My Office Name and Location: BODY/MIND SYNTHESIS PSYCHOTHERAPY;** 1001 Twelve Oaks Center Drive, Suite #1002C, Wayzata, MN 55391, 952-451-6668

### Experience and Training:

-**Master's degree in Holistic Therapies** from Lesley College Graduate School in Cambridge, MA, an independent study completed in 1983.

-2 yrs **Humanistic/Transpersonal Psychotherapy** training at Temenos Institute in Westport, CT.

-Mental health counselor with the elderly and mentally ill adults from 1983-1995

-Certified as an **Acupressurist** with 150 hours of training through the Acupressure Institute from Berkely CA with advanced training (350 hours) in **Traditional Chinese Medicine, Acu-Yoga Teacher Training and Emotional Balancing from 1994-1996.**

-Certified as a **Jin Shin Jyutsu Practitioner in 1996** ( a form of Japanese energy healing similar to acupressure) through the Jin Shin Jyutsu school in Scottsdale, AZ

-Began private practice utilizing the above forms of healing from 1995 to the present.

-Certified as a **Yoga Instructor** in the Viniyoga tradition at the 200 hour level at River Bend Yoga studio, St. Paul 2006.

### Other training I have obtained since 1995:

**1st and 2nd degree Reiki (hands on healing),**

**Spring Forest Qi Gong hands on healing level 1 and 2**

**Touch for Health Kinesiology levels 1 and 2**

**Contact Reflex Analysis Introduction**

**Emotional Repatterning Training, Mind -Body Emotional Repatterning and Introduction to Transformational Kinesiology.**

**Certification in Quantum Neuro Reset Therapy, 2016**

**Advanced Certifications in Advanced QNRT methods in 2018, 2019, 2021**

**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."

\* I am in supervision with Paul Sevett, a Licensed Therapist in private practice. You have a right to file complaints with my supervisor if you are dissatisfied with my services in any way. Forms are available from me, which you may fill out and discuss with myself and/or him. His number if you need to contact him is: 651-291-0942.

You may also contact the Office of Complementary and Alternative Health Care Practice at the Minnesota Department of Health, OCAHCP, P.O. Box 6495, St. Paul, MN 54164-0975, 651-282-6314 (Info Clearinghouse) [www.health.state.mn.us](http://www.health.state.mn.us)

I do not handle insurance claims however a receipt will be provided to you should you wish to file a claim with your insurance provider. I do not accept Medicare or medical assistance.

- \* You have a right to reasonable notice of changes in services or charges.
- \* My ultimate goal is to assist you in restoring yourself to optimum health, vitality and wholeness. I believe we are innately capable of healing if we have support to do so, and my modalities utilize the energy and wisdom of the body to bring that about, whether through pressure points, energy balancing, kinesiology / muscle testing or emotional process and imagery. I utilize a holistic approach, supporting the mind, body and spirit together for optimum well-being.
- \* You have a right to complete and current information concerning my assessment of your need based on the information you provide to me, and my recommendations for services that I can provide to you, including the expected duration of the service to be provided. This may change depending on changes in your condition. Any changes will be discussed with you.
- \* You may expect courteous service that is free from verbal, physical or sexual abuse.
- \* Your records and transactions with this office are confidential unless release of these records is authorized in writing by you or otherwise provided by law.
- \* You are allowed to access your records and written information from records in accordance with section 144.335, Minnesota Statutes.
- \* Other similar services are available in the community. Possible sources of information are the Minnesota Wellness Directory, the Edge newspaper directory, or the telephone yellow pages.
- \* You have 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 program.
- \* You have a right to coordinated transfer when there will be a change in the provider of services.
- \* You may refuse services or treatment, unless otherwise provided by law.
- \* You may assert your rights without retaliation.

Prior to the provision of any service, you must sign a written statement attesting that you have received the Complementary and Alternative Health Care Bill of Rights.

#### **ACKNOWLEDGMENT**

I have received a copy of the Complementary and Alternative Health Care Bill of rights. I have read the Client Bill of Rights, or it has otherwise been read to me.

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Date

Patient or Guardian (Signature and Printed)