

## Complementary and Alternative Health Care Client Bill of Rights

Hitobodyworks

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Name of Practitioner: Mary Catherine Kunz

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.

The Practitioner has received the following education, training & credentials:

- ~1991 Corning Community College, Liberal Arts major
- ~1992 State University of New York at Binghamton, Psychology major
- ~1994 Boulder School of Massage Therapy, emphasis on Zen Shiatsu, 237.5 hours
- ~1996 Minneapolis School of Massage and Bodywork, Inc., emphasis on Esalen massage, 186 hours
- ~1997-present, membership with Associated Bodywork and Massage Professionals
- ~1998 Minneapolis School of Massage and Bodywork, Inc., emphasis on Sports massage, 142 hours
- ~1999 Upledger Institute, introductory workshop in CranioSacral Therapy, 8 hours
- ~1999 Breema workshop, 6 hours
- ~2002 Minneapolis School of Massage and Bodywork, Inc., Structural Assessment, 28 hours
- ~2003 Minneapolis School of Massage and Bodywork, Inc., emphasis on Body Wellness, 355.5 hours
- ~2004-present, membership with United States Trager Association
- ~2004 Trager Institute, Level 1 training and fieldwork, 114 hours
- ~2004 Trager Institute, Mentastics, 24 hours
- ~2005 Trager Institute, Level 2 training and fieldwork, 114 hours
- ~2006 Trager Institute, Level 3 training and fieldwork, 106 hours
- ~2007 Trager Institute, Level 4 training and fieldwork, 56 hours
- ~'09-'10 Institute of the Himalayan Tradition yoga teacher training, 300 hours
- ~2010 Trager Institute, Level 5 training, 24 hours
- ~2011 Upledger Institute, CranioSacral Therapy 1, 24 hours
- ~2012 Upledger Institute, CranioSacral Therapy 2, 24 hours
- ~2013 Trager Institute, Mentastics, 24 hours
- ~2016 Trager Institute, Reflex Response, 24 hours
- ~2019 Trager Institute, Level 5 CE, 24 hours

**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.**

**Complaints:** If the Client has a complaint or concern about the care or services they have received, the Client may 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:** <http://www.health.state.mn.us>

**Fees, Payment, Insurance:**

\$120/full session, \$60/half session (sales tax included)  
Packages of five purchased in advance include a 10% discount:  
\$540/package of full sessions, \$270/package of half sessions  
All fees are due at the time service is rendered.

Payment is accepted via cash, check or credit card. 3% processing fee will be added to credit card payments.  
This practitioner does not accept insurance or any other third party payment, but can provide the client with receipts if s/he would like to attempt reimbursement from a third party.  
Please call by the day before scheduled appointment to cancel or make changes.

**Change of Price:** Clients who maintain a schedule of at least one session/month with Hito Bodyworks are not subject to rate increases. For all others, reasonable notice of change in price is provided by fees being posted in the office area, or by the client inquiring when scheduling the appointment.

**Theory of Treatment:**

Massage therapy focuses on the normalization of soft tissues affected by stress, injury and illness through the use of manual techniques that improve circulation, enhance muscular relaxation, reduce pain and stress, enhance immune function, and promote health and well-being.

TRAGER® Psychophysical Integration accesses the nervous system through gentle movement within the pain-free ranges of motion. As the body and mind yield to these movements, inefficient habits and tension are released while new patterns of ease, freedom and flexibility are made possible.

CranioSacral Therapy is a light touch modality which aims to find and release restrictions in the structures which surround the brain and spinal cord, improving physical, mental and emotional well-being.

**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  
<http://www.revisor.leg.state.mn.us/statutes?id=144.291>

**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: <http://www.massagetherapy.com>

**Right of Agency:** The Client has the right to choose freely among available practitioners and to change practitioners after services have begun.

**Records Transfer:** The Client have the right to coordinated transfer of your 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 the any and all of 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** \_\_\_\_\_