

Instructions for CAM Law Bill of Rights

PLEASE READ THIS PAGE FIRST

The following template has been created for Massage Therapists in the State of Minnesota. Until the Massage Therapy Licensure Law passes, Massage Therapists are “regulated” under the so called “CAM Law” (MN Statute 146A). In addition to listing offenses that are made illegal and the state’s remedies for practitioners who violate the law, the law also requires us to provide a copy of this Bill of Rights (BOR) to each and every new client, or to returning clients if information on the form changes, **AND** have a signed current copy in each client’s chart verifying they have received it.

This template was created in March 2008 and reflects changes made since the CAM Law (MN Statute 146A) was passed in 2001. It has been proof-read and approved as meeting specifications by Richard Hnasko, the administrator who oversees CAM Law compliance, with the MN Department of Health Office of Unlicensed Complementary and Alternative Health Care Practice.

This template include a “blank” CAM Law Bill of Rights for you to fill in the blanks to customize for your practice. Also included is a fictional BOR to show you what a completed BOR might look like. Any resemblance to a real Massage Therapist is purely coincidental.

To use this template:

1. Fill in any obvious blanks
2. Item specific instructions are in italics, and should be deleted as you edit through the template
3. Regular (non-italics) type can be left alone as it meets specifications for the BOR
4. Items in parentheses is an area you need to fill in with your specific information, and any text that appears on the template when you start, as well the parentheses themselves, should be deleted as you edit.

Complimentary & Alternative Health Care Client Bill of Rights

Practitioner Name:

Business Name:

Business Address:

Telephone number:

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.

(Your name with credentials), hereafter, "the Practitioner" has the received following education, training & credentials:

(A listing of your trainings you have received, any specialty Certifications, advanced degrees, etc, etc. Be sure to include the agency/instructor/ through which the credential was received See the fictional BOR below for an example of how to format this.)

The Information that follows in quotation marks is required to be on the Client Bill of Rights in bold print by the state statute: **"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:** *Two choices:*
 - *If you have a supervisor, Include the following statement: If the Client has a complaint or concern about the care or services you have received, the Client may contact the Practitioner's supervisor: (Supervisor's name, business address, and telephone number).*
 - *If you are in private practice, and are therefore your own supervisor, you skip the Supervisor section.*
- **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 **E-mail:** richard.hnasko@state.mn.us
- **Fees, Payment, Insurance:** *The Practitioner's fees, the practitioner's method of billing for such fees, the names of any insurance companies that have agreed to reimburse the practitioner, or health maintenance organizations with whom the practitioner contracts to provide service, whether the practitioner accepts Medicare, medical assistance, or general assistance medical care, and whether the practitioner is willing to accept partial payment, or to waive payment, and in what circumstances; You can also include your office's cancellation policy here. See fictional CAM BOR below for an example.*

- **Change of Price:** Clients have the right to reasonable notice of changes to the prices, services, or policies.
- **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: *Describe your Treatment approach.*
- **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.amtamassage.org
- **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 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 Nonretribution:** 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 _____

Complimentary & Alternative Health Care Client Bill of Rights

Practitioner Name: Joseph S Schmoe, NCTMB, BA

Business Name: Gosh Sakes Massage Therapy

Business Address: 2345 Any street, Minneapolis, MN 55400

Telephone number: 612-555-5555

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.

Joseph S. Schmoe, NCTMB, BA, hereafter, "the Practitioner" has the received following education, training & credentials:

BA – Bachelors of Arts Degree: Communications, Universal University, 1989

Basic Massage Therapy Training – Twin Cities Massage School, 1997

NCTMB – National Certified for Therapeutic Massage and Bodywork by the National Certification Board for Therapeutic Massage and Bodywork, 1997

Myofascial Release Certification – Gene McGillicuddy Seminars, 1999

Pregnancy Massage Certification – Caring for the Pregnant Ones Series, 2000

Trained in Deep Tissue Massage Techniques – Steve Fellow-Instructor, 2004

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- **Supervision:** If the Client has a complaint or concern about the care or services you have received, the Client may contact the Practitioner's supervisor: Jane D. Doe, Owner: Gosh Sakes Massage Therapy, 2345 Any street, Minneapolis, MN 55400 612-005-0001
- **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 **E-mail:** richard.hnasko@state.mn.us
- **Fees, Payment, Insurance:** Fees for Massage Therapy at the Practitioner's office are as follows, with all taxes included: \$30 for 30 minutes, and \$60 for 60 minutes, or \$90 for 90 minutes. Payment is accepted by cash, check, or Credit Card. This Practitioner is not on contract with any HMO's, PPO's, or any other Insurance Company to provide discounted services. This Practitioner does directly accept Medicare, Medical Assistance, or general assistance medical care. Payment in full for services is expected at the time of service, unless otherwise arranged prior to the appointment. Gosh Sakes Massage Therapy requires 24 hours notice for cancellations.

- **Change of Price:** While changes in session fees can occur, reasonable notice of those changes is provided by session fees being posted in the Practitioner’s office, or by the client asking when scheduling the appointment.
- **Theory of Treatment:** The state requires a “Plain language” summary of the “theoretical approach used to provide service to clients”. The Practitioner utilizes Deep Tissue Massage, Myofascial Release and Swedish-Style Relaxation Massage techniques to help his clients reduce pain, improve circulation of blood and lymph and improve range of motion and mobility
- **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.amtamassage.org
- **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 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 Nonretribution:** 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 _____