

## COMPLEMENTARY AND ALTERNATIVE HEALTH CARE CLIENT BILL OF RIGHTS

Cynthia Billington-Locher, CHT  
Total Mind Body Connection, Inc.

(This Statement is required by Section 146A.11 of the Minnesota Statutes.)

### **1. Name, Address, and Phone Number of Unlicensed Complementary and Alternative Health Care Practitioner.**

Cynthia J. Billington-Locher, CHT, 14622 Hanover Lane, Apple Valley, MN 55124, 763-218-3231

### **2. Qualifications of Practitioner.**

Diploma of Clinical Hypnotherapy, Hypnosis Motivation Institute, Los Angeles, CA  
Diploma of Certified Hypnotist, Hypnosis Motivation Institute, Los Angeles, CA  
Certified Smoking Cessation Specialist, Hypnosis Motivation Institute, Los Angeles, CA  
Certified Sports Hypnotist, NESTA, Rancho Santa Margarita, California

**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.**

### **3. Complaints.**

As a complementary and alternative care client, you may discuss your concerns with your practitioner. Every attempt will be made to reasonably remedy your concerns. If you remain dissatisfied or wish to contact an outside agency about your concerns, you have the right to file a complaint with the Office of Complementary and Alternative Health Care Practice, Health Occupations Program, 400 Metro Square Bldg., P.O. Box 64975, St. Paul, MN 55164-0975, (651)282-6344

### **4. Fees.**

Your practitioner's fees are billed and due upon completion of services rendered, and are as follows. For the year of 2009, new patients may be charged a maximum of \$230 for 1 hours of consultation, and \$175 for 45 minutes of consultation, or lesser fees as mutually agreed upon. Fees for follow-up visits with existing patients are \$200 for 1 hour of consultation, \$150 for 45 minutes of consultation, \$115 for 30 minutes of consultation. No insurance companies have agreed to reimburse your Practitioner. Your Practitioner does not contract with any health maintenance organizations to provide service. Your Practitioner does not accept Medicare, medical assistance or general assistance medical care.

### **5. Cancellation Policy.**

If you must cancel, 24 hours notice is required in order to be able to fill that appointment time. Missed appointments and late cancellations will be charged to you.

### **6. Notice of Changes in Services or Charges.**

As a client, you have the right to reasonable notice of changes in services or charges.

### **7. Philosophy and Theoretical Approach.**

In general, your practitioner's choice of modalities depends on your needs as a client. Therapeutic goals are to achieve freedom from restrictive thought and belief systems, to assist in solving personal problems, developing motivation and achieving goals. Client may be taught the use of self-hypnotic techniques to assist in achieving goals and resolving issues that have been mutually agreed upon by Client and Hypnotherapist.

### **8. Right to Information.**

As a client, you have the right to complete and current information concerning my assessment and the recommended service that is to be provided, including the expected duration of the service to be provided.

### **9. Treatment.**

As a client, you may expect courteous treatment and to be free from verbal, physical, or sexual abuse by your practitioner.

**10. Client Records/Transactions.**

Client records and transactions with your practitioner are confidential, unless release of these records is authorized in writing by you as the client, or otherwise provided by law.

**11. Access to Records.**

As a client, you have the right to be allowed access to records and written information from records in accordance with Section 144.335 of the Minnesota Statutes.

**12. Other Services.**

Other services are available in the community to which your practitioner may refer you. Please ask your practitioner for information regarding any other services you may be interested in.

**13. Right to Choose.**

As a client, 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 programs.

**14. Coordinated Transfer.**

As a client, you have the right to coordinated transfer when there will be a change in the provider of services.

**15. Refusal of Services.**

As a client, you have the right to refuse services or treatment, unless otherwise provided by law.

**16. Assertion of Rights.**

You have the right to assert your rights without retaliation.

**Acknowledgment by Client**

I hereby attest that I have received a copy of The Complementary and Alternative Health Care Client Bill of Rights in relation to services to be provided to me by Cynthia Billington-Locher, CHT, as required by Section 146A.11 of the Minnesota Statutes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_