

COMPLEMENTARY AND ALTERNATIVE HEALTH CARE  
CLIENT BILL OF RIGHTS - MINNESOTA

July 1, 2001

1. Name and Title: Rachel Miejan, Reiki Master and Energetic Practitioner  
Services Available in the Twin Cities, location to be determined.

2. Experience and Training:

Reiki I Certification May 1985

Reiki II Certification August 1985

Certified Macrobiotic Cook — Apprenticeship — 1985-1986

Reiki Master Apprenticeship 4/1995-4/1996

Certified Energetic Practitioner I in Energy Medicine/Vibration Healing — Possibilities Vocational School,  
April 2002 — other training ongoing

Young Living Essential Oils, training ongoing

Geotran I & II, 1997

In accordance with Minnesota State Law, I am providing you with the following notice:

“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 INFORMATIONAL PURPOSES ONLY.”

3. Supervisor — none.

Procedure for filing a complaint: You may file a complaint in writing or by telephone.

4. Right to file a complaint:

If you have any concerns, you may file a complaint with the following office:

Office of Unlicensed Complementary and Alternative Practice Health Occupations Program,

Minnesota Department of Health, P.O. Box 64975, Suite 400, 121 E. 7th Place, St. Paul, MN 55164-0975

651-282-6319, 1-800-657-3957, fax 651-282-5628

5. Fees: \$50 per hour for Reiki, EIP, Self-Healing Tool Consultations.

Fees are payable at the time of service. Health insurance and Medicare/Medical Assistance are not applicable.

6. Change in service or charges. You have the right to reasonable notice of changes in services or charges and I will provide you prior notice of any changes.

7. Theoretical Approach: Traditional Usui Reiki, Energy Interference Patterning, Theta Healing, Vibrational Healing, DNA activation.

8. Assessment and Recommendations: You have the right to complete and current information regarding assesment and recommended service, including the expected duration of the services to be provided.

If you have any questions, please ask.

9. Courteous Service. You may expect courteous treatment and to be free from verbal, physical or sexual abuse by your practitioner.

10. Confidentiality: Your records and transactions with this office are confidential. This information will not be released unless you authorize release in writing, or unless release is required by law.

11. Other Community Services: Other similar services are available in the community. Possible sources of information are Wellness Directory, the Edge newspaper Directory, or the telephone yellow pages. You may ask your practitioner and she will provide this information to the best of her knowledge.

12. Selecting and Changing Practitioners: You have the right to choose freely among available practitioners and to change practitioners at any time.

13. Right to Refuse Service: You are free to refuse services or treatment unless otherwise provided by law.

14. No Retaliation: You may assert your rights described in this Client Bill of Rights at any time without retaliation.

#### ACKNOWLEDGEMENT

I have received a copy of the Complementary been read to me. I have had a full opportunity to ask any questions I have about this document and my rights as a client. I understand my rights as a client.

---

Client or Legal Guardian — PRINT

---

Date

---

Client or Legal Guardian - SIGNATURE

---

Date

---

Witness

---

Date

---

You are invited to be on the email mailing list of Reiki by Miejan for updates on classes and information:

---

Email Address

---

Phone