

## Complimentary & Alternative Health Care Client Bill of Rights

**Practitioner Name: Ronald Tuck**  
**Business Name: Ron Tuck Therapeutic Massage**  
**Business Address: 522 Beltrami Ave NW Suite #108**  
**Bemidji, MN 56601**  
**Telephone number: (218) 368-3628**

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.

**Ron Tuck nctm, hereafter, "the Practitioner" has the received following education, training & credentials:**

Massage Therapy Diploma – Northwest Technical College, 2005  
NCTM- Nationally Certified for Therapeutic Massage by the National Certification Board of Therapeutic Massage and Bodywork-2005  
Myofasial Techniques- Pete Whitridge seminar, 2005  
Clinical Ethics- Sandy Fritz Seminar, 2006  
Chair Massage- Russell Borner Touch Pro Technique Seminar, 2006  
Orthopedic Assessment- Whitney Lowe, 2007  
Medical Massage; Ralph Stephens Lumbar / Pelvis / Cervical Seminar, 2007  
Shoulder girdle / Abdomen Seminar, 2008

**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 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](http://www.health.state.mn.us)    **E-mail:** [richard.hnasko@state.mn.us](mailto:richard.hnasko@state.mn.us)
- **Fees, Payment, Insurance:** Fees for Massage Therapy at the Practitioner's office are as follows, with all taxes included: \$35 for 30 minutes, and \$60 for 60 minutes, or \$90 for 90 minutes. Payment is accepted by cash or check. This Practitioner is not on contract with any HMO's, PPO's, or any other Insurance Company to provide discounted services. Payment in full for services is expected at the time of service, unless otherwise arranged prior to the appointment. Ron Tuck Therapeutic Massage 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 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](http://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** \_\_\_\_\_