

**Sky Blue Shiatsu 3947 Excelsior Blvd. St. Louis Park, MN 55416**  
**phone:612-929-5583**  
**Clients Bill of Rights and Waiver Form**

Shiatsu is a clothes-on Japanese style of Asian Bodywork Therapy based on Traditional Chinese Medicine (TCM) and Western Anatomy and Physiology. Techniques include pressing with palms and fingers, kneading, tapping, stretching, and range of motion exercises. The goal is to promote the flow of "Chi" or energy in the body, relax the muscles, and restore a feeling of well being.

**Jill Alleyne**, B.A., M.A., AOBTA Certified Asian Bodywork Therapist of Shiatsu since 1997. ACE and SS&C Cert. Personal Trainer and Post-rehab Exercise Specialist since 2004. ACE Cert. Health Coach since 2016. My theoretical approach is to help people find the best way to deal with stress, physical pain and weakness, and limited mobility. I draw on my varied 30 year background and training in internal martial arts, movement and dance training, Tai Chi, Qi Gong, Reiki, personal training, group exercise and post-rehab exercise therapy.

Jill attended the Minnesota Center for Shiatsu Study's 500 hour program in 1996, and is a current AOBTA (American Organization of Bodywork Therapies of Asia) member, and ACE cert. Personal Trainers. Jill carries professional and liability insurance, and has current CPR training. Jill has continuing training in Therapeutic Bodywork Techniques and Personal Training.

**“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.”

If you have any complaints please let me know and I will do our best to resolve them, or you may contact the MN Department of Health to file an official complaint:

Minnesota Department of Health, Health Occupations Program  
Susan Winkelman, (651) 282-6366  
PO Box 64975, St Paul, MN 55164  
[www.revisor.leg.state.mn.us/stats/146A001.html](http://www.revisor.leg.state.mn.us/stats/146A001.html)

**Current Rates (add 9.03% state sales tax if applicable)**

15 Minutes- \$30.00 + tax  
30 Minutes- \$50.00 + tax  
60 Minutes - \$95.00 + tax  
75 Minutes - \$120.00 + tax  
90 Minutes - \$140.00 + tax

Payment of check or cash is due at time of service. Prepaid package specials may be available. Please check for current offerings and limitations. **All packages and gift certificates have expiration dates.** A sliding scale fee may be available for those with established financial and healthcare needs. I will give two weeks notice of any changes in services or fees.

I will defer payment in cases of insurance reimbursement conditionally. I will provide receipts/ charts, but client must bill insurance company directly. Sessions are billed according to insurance rules per unit of service. Client is responsible for full payment to practitioner. No discounts are allowed for insurance coverage, unless the sessions are prepaid at time of visit. Client agrees to pay for any amount not covered by insurance. ***I require 24 hours cancellation notice on all sessions or full payment.*** Your appointment time is reserved for you and cannot be refilled on short notice. Thanks for your consideration!

### **Client Rights**

You have a right to complete and current information regarding our assessment and treatment plan for you, including scope and duration. Your client records and transactions are confidential, unless released by you in writing or otherwise provided by law. You may have access to your records in accordance with section 144.335. You have the right to a coordinated transfer if there is a change in service provider.

Other services may be available in the community. I provide referrals upon request. You may choose freely among available practitioners and may change service at any time within the limits of health insurance, medical assistance, or other health programs.

You may expect courteous treatment and to be free from verbal, physical, or sexual abuse by the practitioner. You have the right to stop treatment at any time. I encourage you to tell me if I am using too much pressure or not enough. Your comfort is important to me. You may refuse treatment and assert your rights without retaliation.

(print name here)

I, \_\_\_\_\_, have received the Complementary and Alternative Health Care Client Bill of Rights and understand the cancellation policy. I understand that any treatments given are not intended to replace proper medical care from a physician or otherwise licensed healthcare practitioner.

SIGNATURE X \_\_\_\_\_ Date \_\_\_\_\_