

Client Bill Rights

Esteemed LLC
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MyEsteemed.com

I am pleased to provide you with this Client Bill of Rights, in accordance with Minnesota laws governing complementary and alternative health care practices.

Degrees, Training, and Experience: Intuitive Energy Healer. Training Craniosacral Therapist at Heartwood Institute. Training Dynamic Body Balancing with Dr. Carol Phillips

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.

Filing A Complaint: If you ever experience anything uncomfortable during our work together, please tell me as soon as possible. I will do my best to restore your body's balance and remedy the situation. It can be challenging to address discomfort in the moment, but please know that it will benefit you, as a client as well as give us an opportunity to enhance healing and understanding. If you no longer feel I am a fit for your individual healing journey, I will be happy to refer you to a Body Worker that will better help with your specific needs.

Change in Services or Charges: You have a right to reasonable notice of changes in services or charges, and I will provide prior notice of any changes.

Summary of Practices/Services: Energy Healing, Craniosacral Therapy and Dynamic Body Balancing are non-invasive, gentle, hands-on approaches with techniques that focus on unwinding and restoring balance of the cerebral spinal fluid and fascia within the body. ***Cranial rhythm** is the widening and narrowing of the cranium. ***Fascia** covers all areas of the body from nerves to muscles, and bones. ***Cerebral spinal fluid** protects, nourishes, and cleanses our brain and nervous system. I work with your subtle energy field, this modality involves tapping, shaking, hands off techniques to help clear trauma, and unblock chakras. The modalities I use help facilitate balance within the nervous system. A session at *Esteemed* involves the unwinding of tension and trauma, and at times, a unique massage to assist specific areas in need of stability (myofascial unwinding).

Movement is encouraged. Being in motion during your session, tuning into your breath and following your body, assist your areas of restriction to unwind and release tension more efficiently. My intention is to support your **individual** bodily function for your **individual** needs. Each session will differ depending on your distinct needs at that time. Craniosacral therapy benefits everyone, at any age, in every stage of life. Craniosacral Therapy, Dynamic Body Balancing, and Energy Healing are not intended to diagnose nor treat specific symptoms, illness and/or disease. Craniosacral, Dynamic Body Balancing, and Energy Healing are not substitutes or alternatives for, nor are they a preventive form of medicine. I will not diagnose, treat, or attempt to cure any specific physical, mental, or emotional ailment, nor will I give advice about specific medical conditions or treatments. My goal is to help your body heal itself, while providing support. I, Anna Anderson-Itzin at *Esteemed LLC*, am not responsible for any ailment or injury after a session ends.

Information About Assessment and Recommended Service: You have a right to complete and current information concerning my assessment and recommended service, including the expected duration of the service to be provided. If you have any questions, please ask.

Courteous Treatment: You may expect courteous treatment and to be free from verbal, physical, or sexual abuse by the practitioner.

Confidentiality of Client Information: Your records and other information about you are confidential. This information will not be released, without written authorization, or unless release is required by law.

Access to Client Records: You are allowed access to records and other written information, in accordance with Minnesota Statutes, section 144.335.

Refusing Services: You have the right to refuse services or treatment, unless otherwise provided by law.

Informed Consent: I hereby acknowledge receipt of the Client Bill of Rights and I have had a full opportunity to ask any questions about this document and my rights as a client. By signing below I understand and agree to the responsibilities listed above. I confirm that I have read and understand this Client Bill of Rights, and hereby give permission for Anna Anderson-Itzin to continue my care/care of my child for Craniosacral Therapy, Dynamic Body Balancing, and Energy Healing. By signing below I acknowledge that I have read and understand ALL of the policies above in the Client Bill of Rights in their entirety for *Esteemed LLC*, and agree to abide by them.

Client Name _____

Client Signature _____

Date _____

Client Bill of Rights

One Session	Three Sessions	Five Sessions
\$90	\$243	\$405
<p>PRICES DO NOT INCLUDE SALES TAX.</p> <p>*Prices and Package deals are subject to change. Length of sessions will vary from individual to individual, as well as session to session. Each session runs approximately 50 minutes.</p>		

Fees and Payment Policy: Payment is due at time of service unless other arrangements have been made in advance. By signing this document, you understand and agree to the payment policy. The Client/Undersigned acknowledges that payment for all care received is their responsibility. I accept cash or checks (made to Esteemed LLC), Credit and Debit Cards, and Venmo. Packages are transferable and nonrefundable. At this time, Craniosacral therapy is not covered by Medicare, Medical Assistance, most insurances companies, or HMO's.

Cancellation Agreement: I look forward to working with you. The time you scheduled is reserved just for you. By signing this form below you understand that a 24-hour cancellation notice is necessary to avoid being charged the full session rate. A missed appointment or a cancellation with less than 24- hour notice will be charged the **full rate** of the scheduled appointment.

Call, text, or email as soon as possible if there is a sudden illness - vomiting, diarrhea or cough accompanied by overall malaise, fever, or other symptoms of unwellness. When possible, I will reschedule and modify appointments and payment if a client is ill. If you or your child has vomited, had a fever, or symptoms listed above in the **last 24 hours**, you are asked to reschedule your appointment. I will do this as well, so as not to spread any illness to other clients. By signing below, you understand this responsibility.

Payment and Cancellation Agreement

Client Name _____

Client/Parent or Guardian _____

Signature _____

Date _____