

**STATE OF MINNESOTA CLIENT BILL OF RIGHTS
COMPLEMENTARY AND ALTERNATIVE HEALTH CARE STATUTE 146A.11**

Laurie Swadner, BS, MH, BioScan SRT /MSA

Acknowledgment by Client

I have read, understand, and received a copy of the Complementary and Alternative Health Care Client Bill of Rights concerning services from Laurie Swadner, as required by Section 146A.11 of the Minnesota Statutes.

Client or Legal Guardian's Name Printed _____

Address _____

City, State, Zip _____

Phone _____

Email _____

Client or Legal Guardian's Signature _____

Date _____

1. Business: Name and Contact Information of Unlicensed Complementary and Alternative Health Care Practitioner: Laurie Swadner, BioScan SRT/MSA, Master Herbalist, J & L Balanced Living LLC, 921 Avagail Ave, Springtown, TX 76082; 763-202-2380.

2. Degrees, Training, Experience, and Qualifications: BioScan SRT/MSA from International Health Technologies (IHT) (Salt Lake City, Utah)2018; Touch For Health, International Kinesiology College (Minneapolis, MN) 2018; Master Herbalist (M.H.) diploma from Clayton College of Natural Health,2009; University of Minnesota, Minneapolis, MN , Bachelor of Science (Major: Business, Minor: Speech Communication & Physical Education)1987.

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.

3. I work independently and do not have a supervisor.

4. I seek to personally resolve any complaints you may have to our mutual satisfaction.

5. If you wish to complain to an outside agency, you may contact the Office of Complementary and Alternative Health Care Practice, Health Occupations Program, Minnesota Department of Health, PO Box 64975, Suite 400, Metro Square Building, St Paul MN 55164, 651-282-6366.

6. **Fees:** \$150.00 for an initial 90 minute one-on-one session. \$50.00 for follow up visits. \$1.00 a minute for processing only. Children, \$50.00 for initial visit, \$1.00 a minute for follow ups. Animals, \$30.00 for surrogate testing. Checks, cash and Venmo are accepted for payment at the time of service. I do not currently participate in any health plans, including Medicare and Medicaid.

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

8. **Theoretical Approach:** In general, the choice of modalities depends on your needs as a Client. However, J & L Balanced Living LLC typically uses one or more of the following healing modalities in combination: BioScan SRT/Cold Laser Therapy, MSA/Meridian Stress Assessment, Herbology or herbalism; healing practices using food, food supplements, and nutrients.

9. 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.

10. You may expect courteous treatment free from verbal, physical, or sexual abuse.

11. Your records and transactions with this office are confidential. This information will not be released unless you authorize its release in writing, or otherwise provided by law.

12. You are allowed access to records and written information from records in accordance with Minnesota Statutes section 144.291-144.298.

13. Other alternative services are available in the community. See local telephone directories.

14. You have the right to choose freely among practitioners and to change practitioners after services have begun, within the limits of health insurance, medical assistance, or other health programs. Crossroads Balanced Living LLC does not accept medical insurance, medical assistance, or any other health programs.

15. If you change practitioners, you have the right to my assistance in coordinating this transfer to another practitioner.

16. You are free to refuse services or treatment.

17. You may assert your rights described in this Client Bill of Rights at any time without retaliation.