Twin Cities Campus

# **University Recreation and Wellness**Office for Student Affairs

Minneapolis, MN 55455

Office: 612-625-6800 Fax: 612-626-7708 Email: recwell@umn.edu www.recwell.umn.edu

123 Harvard Street S.E.

Re: Unlicensed Complementary and Alternative Health Care Client Bill of Rights

Under the 2017 Minnesota Statues for an Unlicensed Complementary and Alternative Health Care Practitioner, we are required by law to provide you (client) a written copy of the complementary and alternative health care client bill of rights before receiving treatment.

## 1) Business Address:

470 University Recreation & Wellness Center

123 Harvard St. SE

Minneapolis, MN 55455

Massage Therapist: Ioana Vladislov – (612) 625-7455

# 2) Practitioner's Degree, Training, and Experience:

### Name:

Ioana Vladislav

## **Degree(s):**

CLA University of Minnesota – 6/14/98; AA College of St. Catherine – 7/31/95

#### **Training:**

Janos Takacs European School of Massage-Therapeutic and Sports Massage – 4/19/90; Professional School for the Blind – Reflexology, Homeopathic Medicine – 1986; Professional School for the Blind – Massage Therapy – 1971

### **Experience:**

Boynton Health Center – 8/1/99-8/27/18; Self-employed Massage Therapist – 1990-Present; General Hospital, Arad, Romania – 1978-1989

### **Professional Association:**

Minnesota Therapeutic Massage Network (MTNM) – 11-8-89-Present

## Name:

Tricia Kloeckl

## **Degree(s):**

BA in Occupational Therapy – College of St. Catherine - 1989

### **Training:**

Swedish Massage – 12 session completion – Australia - 1991

Myofascial Release – Continuing Education - 1999

Certified Practitioner and Graduate of Minnesota Center for Shiatsu Study (548 hr program) – 2001

Cranial Sacral Therapy – Level 1 – Upledger Institute. – 2002

Graston Technique – Certified M1 & M2

## **Experience:**

Shiatsu Therapist at CenterPoint Massage School and Clinic – 2002-2006

# **Certification:**

American Organization for Bodywork Therapies of Asia Certified Practitioner - 2000

Name:

Alyssa Northrop

**Degree(s):** 

BMA – University of Michigan – 2000

Master of Public Health, Human Nutrition – University of Michigan - 2008

**Training:** 

Ann Arbor Institute of Massage Therapy – 700 hr program - 2002

**Experience:** 

Alyssa Northrop Nutrition Counseling and Therapeutic Massage  $-\,2004\text{-Present}$  Kaizen Healing Arts  $-\,2011$ 

University of Michigan Integrative Medicine – 2004-2010

**Certification:** 

Ann Arbor Institute of Massage Therapy – 700 hr program - 2002

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, osteopathic physician, 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) Supervisor Information:

Ben Kohler, Group Fitness Coordinator University Recreation & Wellness

470 University Recreation & Wellness Center 123 Harvard St. SE Minneapolis, MN 55455 Kohle135@umn.edu (612) 626-4400

## 4) File a complaint with the Supervisor:

A complementary and alternative health care client has the right to file a complaint with the practitioner's supervisor, if any. The procedure for filing complaints is as follows:

- a. Request the *Patient Feedback Form* directly from the Massage Therapist or from their Supervisor by emailing kohle135@umn.edu
- b. Drop-off, email, or mail the completed feedback form to Ben Kohler.

# 5) File a complaint to the Office of Unlicensed Complementary & Alternative Health Care Practice to the below office location:

Office of Complementary and Alternative Health Care Practice, Health Occupation Program Minnesota Department of Health

P.O. Box 64882

St. Paul, MN 55164-0882

## 6) Fees per Unit of Service (pricing is subject to change):

	30-minute	60-minute	90-minute
Student Member	\$35	\$55	\$75
Faculty/Staff Member	\$45	\$65	\$90
Non-Member	\$55	\$75	\$110

Recreation & Wellness does not bill insurance for these services. A client may request a copy of their receipt from Member Services to send to their insurance carrier for possible reimbursement.

# 7) Notice of changes in fees:

Clients have a right to reasonable notice of changes in services or charges. Patients will be informed of the present pricing fees at the time their appointment is made. The most current pricing will be made available on the business website at recwell.umn.edu.

## 8) Theoretical approach used by the Practitioners:

Massage Therapy spans a wide variety of therapeutic approaches, working to improve an individual's health and well-being through the hands-on manipulation of muscles and other soft tissues of the body.

- a. <u>Cranial/Sacral</u> massage therapy that works with the flow of spinal fluid and dysfunctions that can develop within the cranial/sacral system.
- b. <u>Injury Rehabilitation</u> massage therapy that uses techniques designed to minimize recovery time and maximize tissue function during recovery.
- c. <u>Myofascial Release</u> massage therapy that addressed the fascial restrictions that form in the tissues due to physical, emotional or spiritual trauma.
- d. <u>Neuromuscular Therapy</u> massage therapy that works the individual muscles and their origin and insertion for patients with chronic pain or injuries.
- e. <u>Shiatsu</u> Asian-based systems of finger-pressure that treat special points along acupuncture "meridians" (the invisible channels of energy flow in the body).
- f. <u>Sports Massage</u> massage therapy focusing on muscle systems relevant to a particular sport. Sports massage is an integral part of an athlete's training routine, which enhances performance and increase recovery.

### 9) Complete and current information concerning assessment and recommendation:

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

Approximately 5-10 minutes of the appointment time is for undressing and dressing. Appointment times are listed on the business website at <u>recwell.umn.edu</u>.

### **10) Courteous treatment:**

Clients may expect courteous treatment and to be free from verbal, physical, or sexual abuse by the practitioner.

### 11) Confidentiality of records:

Client records with the practitioner are confidential, unless release of these records is authorized in writing by the client, or otherwise provided by law.

### 12) Access to records:

Clients have a right to be allowed access to records and written information from records in accordance with section 144.291 to 144.298 in the 2017 Minnesota Statutes.

## 13) Availability of other services in the community:

There are similar services available in the community. Information concerning these services can be found in the Minneapolis/St. Paul yellow pages.

## 14) Choosing among practitioners:

Client has the right to choose freely among the available practitioners and to change practitioners after services have begun, within the limits of health insurance, medical assistance, or other health programs.

## 15) Coordinated transfer of care:

Client has the right to coordinated transfer when there will be a change in the provider of services.

# 16) Refusal of service or treatment:

Clients have a right to refuse services or treatment, unless otherwise provided by law.

## 17) Assert client rights without retaliation:

Client may assert the client's rights without retaliation from the business and/or practitioner.

My physical or electronic signature attests that I have received the Complementary and Alternative Health Care Bill of Rights.

Client Name (Print):	Date:
Client Signature:	