

Complementary and Alternative Health Care Client Bill of Rights

The State of Minnesota, through their passed law of Complementary and Alternative Health Care, Statute 146A, outlined a provision requiring all unlicensed practitioners of complementary and alternative health care services to provide all clients with a Client Bill of Rights.

Structural Energy

Jennifer Eslinger, Certified Advanced Rolfer®
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Eden Prairie, MN 55346
651-343-0568

Education and Training

Advanced Rolwing® SI certification (2016) Dr. Ida Rolf Institute®, St. Paul, MN
Rolwing® SI certification (2004) Dr. Ida Rolf Institute®, Boulder, CO
Skillful touch massage (2003) The Rolf Institute®, Boulder, CO
B.A. (2001) Psychology, Spanish minor, The University of Minnesota, Minneapolis, MN

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, nurse, osteopath, physical therapist, dietician, nutritionist, acupuncture practitioner, athletic trainer, or any type of health care provider, the client may seek such services at any time.

If you have any questions or concerns about the care that you receive, please approach me at any time. If you feel that your concerns are not being met, you may contact:

Office of Unlicensed Complementary and Alternative Health Care Practice
(OCAP) Minnesota Department of Health
121 E. 7th Place, Suite 400
P.O. Box 64975
St. Paul, MN 55164
(651) 282-6319

Fees for Service

Cost per session: \$180.00. Appointments are 75 minutes. I accept cash, check, and credit cards and payment is due at the time of service. Discounts are available for prepaid packages: three session-series for \$500.00, and ten session-series for \$1600.00. I require a 24 hours cancellation notice or you will be responsible for the appointment fee in full. I do not handle insurance claims; however, a receipt will be provided to you should you wish to file a claim to your provider. I do not accept Medicare, Medical Assistance or

General Assistance medical care. You have the right to reasonable notice of changes in services or charges, and I will provide prior notice of any changes.

Theoretical Approach

Rolfing® Structural Integration is a form of bodywork that works by lengthening, releasing, and reshaping the fascial wrappings around the muscles, known as connective tissue. Rolfing SI seeks to bring the body back into alignment within the field of gravity through a series of ten individual sessions, each focusing on a different part of the body.

Basic Rights

As a client of Jennifer Eslinger, you have the following rights:

- To current and complete information regarding any assessment and recommended service that is to be provided in this office, including the expected duration of the services to be provided.
- To courteous treatment, free from verbal, physical, or sexual abuse by me.
- To confidential records and transactions, unless release of these records is authorized in writing by the client, or otherwise provided by law.
- To have access to records and written information from services rendered by me.
- To knowledge that other services of the same or similar nature may be available. Possible sources of information are Minnesota Wellness Directory, the Edge newspaper directory, or the telephone yellow pages.
- To choose freely among available practitioners and to change practitioners after services have begun, within the limitations of any health programs that you may be involved with.
- To assistance in coordinating a transfer to another practitioner, if you choose to change practitioners.
- To refuse services or treatment at any time, unless otherwise provided by law.
- To assert your rights at any time without retaliation.

I acknowledge that I have received, read and understand the above Complementary and Alternative Health Care Client Bill of Rights.

Client's Signature

Today's Date