

Karen Townsend, CMT, Dipl. ABT

(612) 644-2468

Chakra Khan

2637 27th Ave. S. Suite 216B

Minneapolis, MN 55406

Over 1000 hours of training received at CenterPoint in western and eastern sciences, massage, shiatsu and Thai yoga massage techniques and application.

Karen Townsend has been a member of the AOBTA since 2002 and is nationally certified through the NCBTMB and the NCCAOM.

"THE STATE OF MINNESOTA HAS NOT ADOPTED ANY EDUCATIONAL AND TRAINING STANDARDS FOR UNLICENSED 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, dietician, nutritionist, acupuncture practitioner, athletic trainer, or any other type of health care provider, the client may seek such services at any time."

Karen Townsend uses massage and shiatsu techniques to work towards goals including relaxation, stress and pain reduction, injury treatment and prevention, increased circulation and flexibility, heightened bodily awareness, positive body image, increased vitality and immunity, and improved general health.

Rates for massage, shiatsu, or a combination of techniques:

30-minutes \$45

60-minutes \$80

90-minutes \$110

120-minutes \$150

4-pack of 60 minute sessions \$295

Prices DO NOT include 7.775% MPLS sales tax. Please bring in a copy of your prescription for massage from your licensed healthcare professional to avoid being charged sales tax.

Credit card (for purchases over \$50), cash and checks made out to Karen Townsend are acceptable forms of payment.

All fees due at time of service, unless other arrangements have been established with Karen. There is an additional charge for payments made after the day of the service.

24-hour notice of cancellation required or client will be billed for 100% of service fee.

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CLIENT BILL OF RIGHTS

I understand and acknowledge:

- That I have the right to reasonable notice in changes of services and charges
- That I have the right to complete and current information concerning the practitioner's assessment and recommended services that are to be provided, including the expected duration of the service to be provided.
- That I may expect courteous treatment and to be free from verbal, physical, or sexual abuse by the practitioner.
- That client records and transactions with the practitioner are confidential, unless release of these records is authorized in writing by the client, or otherwise required by law.
- That I have the right the right to be allowed access to records and written information in accordance with section 144.335 (Minnesota Stat. Section 144.335; Patient Access. (A) Upon request, a provider shall supply a patient complete and current information possessed by that provider concerning any diagnosis, treatment and prognosis of the patient in terms and language the patient can reasonably be expected to understand.)
- That I am aware that there are services available elsewhere in the community.
- That I have the right to choose freely among available practitioners and to change practitioners after service has begun, within the limits of health insurance, medical assistance, or other health programs (if any).
- That I have a right to coordinated transfer when there will be a change in the provider of services.
- That I may refuse services or treatment at any time.
- That I may assert my rights without retaliation.
- That I have the right to file a complaint. Complaints may be filed with the Minnesota Department of Health:

Office of Complementary and Alternative Health Care Practice

Health Occupations Program

Suite 400, Metro Square

P.O. Box 64975

St. Paul, MN 55164-0975

(651) 282-5623

- That I have the right to THOROUGHLY ENJOY my session.

ACKNOWLEDGEMENT BY CLIENT

I have read the Complementary and Alternative Health Care Bill of Rights prior to receiving treatment by Karen Townsend

Signature _____ date _____