



## Client Bill of Rights

516 Beltrami Avenue NW, Bemidji, MN 56601

*Donna@ReflexologyRN.com*

*(218) 766-9877*

### Qualifications

ARCB (American Reflexology Certification Board) Nationally Board Reflexologist B01201

- ◆ Certified in Feet and Hands

Registered Nurse, MN R 157850-2

Reiki Master

Healing Touch Level 3

BSN, University of Texas School of Nursing

MSN, Yale University School of Nursing

DrPH, University of Texas School of Public Health

Member, American Reflexology Certification Board (ARCB) of Directors

Member, Reflexology Association of America

Member, North Dakota Reflexology Association

Member, International Council of Reflexologists

### My Intention

My goal is to create a healing experience for you – a higher level of wellness. In addition to whatever work I do during a session, I may offer suggestions for exercise, sleep, nutrition, and stress relief, and/or referrals to other providers. My intention is to provide you with additional tools to continue your journey toward optimum health.

### Assessment and Recommendations

You have the right to complete and current information concerning my assessment and recommended service, including the expected duration of the services to be provided. If you have any questions, please ask.

### Courteous Service

You may expect courteous treatment from me, and to be free from verbal, physical or sexual abuse during your session(s).

## Confidentiality

I maintain records of each client visit (e.g., health history, reason for seeking treatment, and services performed), which are stored in a locked file cabinet in a locked office. Any records and transactions with me are confidential, and will not be released without your authorization, or unless release is required by law. You are allowed access to your records in accordance with Section 144.335 of the Minnesota Statutes.

## Fees

Fees are payable at the time of service. My services are generally not covered by health insurance.

## Change in Service or Charges

You have the right to reasonable notice of changes in services or charges; I will provide prior notice of any changes.

## Cancellation Policy

If you find that you are unable to keep an appointment with me, please call or text (218) 766-9877, or email [Donna@ReflexologyRN.com](mailto:Donna@ReflexologyRN.com) as soon as possible, prior to 24 hours of the appointment if possible. There is no charge for an appointment cancelled or rescheduled prior to 24 hours of the original appointment. Cancellation within 24 hours of a scheduled appointment may be subject to a 50% cancellation fee.

## Missed Appointments

There is no charge for the first missed appointment. However, clients may be billed 50% of the normal rate for any subsequent missed appointments.

## Right to Refuse Service

You are free to refuse services or treatment.

## No Retaliation

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

## In accordance with Minnesota state law, I am providing you with the following notice:

*“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, any unlicensed complementary and alternative health care practitioner may not provide a medical diagnosis or recommend discontinuation of medically prescribed treatments. If a client desires a diagnosis from a licensed physician, chiropractor or acupuncture practitioner or services of 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.”*

Note: Because I am a Registered Nurse (RN), I may offer consultation or suggestions on various health practices that fall within the scope of nursing.

## Complaints

If you have a complaint with the services you have received from Donna Morris, of ReflexologyRN, you may contact the appropriate area:

- Minnesota Board of Nursing, 1210 Northland Drive Suite 120, Mendota Heights, MN 55120, (612) 317-3000, <https://mn.gov/boards/nursing/public/complaints/how-to-file-complaint.jsp>
- American Reflexology Certification Board, 2586 Knightsbridge Road SE, Grand Rapids, MI 49546, (303) 933-6921, <https://arcb.net/contact-us/>
- Healing Beyond Borders, 7112 W. Jefferson Avenue, Suite 301, Lakewood, CO 80235, (303) 989-7982, <https://www.healingbeyondborders.org/index.php/contacts>
- Health Occupations Program, Office of Unlicensed Complementary and Alternative Health Care Practice, MN Department of Health, PO Box 64882, St. Paul, MN 55164-0882, <https://www.health.state.mn.us/facilities/providers/compalt/complaints.html>

## Acknowledgment

I have received a copy of the Client Bill of Rights for ReflexologyRN. I have read the Client Bill of Rights, or it has been read to me. I understand the document and my rights as a client of ReflexologyRN. Services provided by Donna Morris have been explained to me, and I give my permission to receive said services.

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Client's or Legal Guardian's Name Printed

Date

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Client's or Legal Guardian's Signature

Date

*promoting  
whole hearted wellness.*