# COMPLEMENTARY & ALTERNATIVE HEALTH CARE CLIENT BILL OF RIGHTS

***Note: Please inform the practitioner if you have lost/misplaced your original copy of this form and need another copy.***

**PRACTITIONER NAME: Elizabeth (Liz) Crawford RCST, M.S., CCC-SLP**
**BUSINESS NAME: Therapy Roots, LLC**
**BUSINESS ADDRESS: 1222 Constance Blvd. NE, Ham Lake MN 55304**
**TELEPHONE NUMBER: 763-226-5198**

As of July 1, 2021, MInnesota's Freedom of Access to Complementary Care Law (Statute Chapter 146A) requires that you receive and acknowledge that you have received by your signature on the Health HIstory/Disclosure/Consent/Service Agreement Form, the following information prior to your treatment.

Elizabeth (Liz) Crawford, hereafter, 'the practitioner' has received the following education, training and credentials:

2013: Masters of Science in Communication Disorders from Minnesota State University Mankato
2020: Certification of orofacial myology from the IAOM
-additional orofacial myology trainings through MyoMentor, Chrysicalis Orofacial, and a variety of CEU's
2026: Biodynamic Craniosacral Therapy certification from Body Intelligence
2026: Registered Craniosacral Therapist Certificate from BCT/NA

**"THE STATE OF MINNESOTA HAS NOT ADOPTED ANY EDUCATIONAL AND TRAINING STANDARD 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."**
***Complaints:** If the Client has a complaint or concern about the care of services they have received, the Client may also contact the Office of Unlicensed Complementary and Alternative Health Care Practice located in the Minnesota Department of Health:

- Mailing address: P.O. Box 64882, St. Paul, MN 55164-0882
- Phone: 651-201-3721 TTY: 651-201-5797 FAX: 651-201-3839
- Website: www.health.state.mn.us/divs/hpsc/hop/ocap/index.html

**Fees & Payment Policies:**

**Craniosacral:**

**Adult 16+, 60 min—---------$95**
**Adult 16+, 75 min—---—---$120**
**Adult 16+, 90 min—---------$135**
**Child (0-13y) 30 min—-----$55**
**Adult, 16+, Eval 75 min----$120**
**Child (0-15y) Eval 45 min–$75**

**Myofunctional**

**Eval (all ages) 75 min—-----—--$120**
**Follow up session 45 min—---$75**

**Myo Eval + Craniosacral eval, 90 minutes—----------$210**
**Myo + Craniosacral treatment, Adult 16+, 75 min —-------$120**
**Myo + Craniosacral treatment, Child (0-13y), 45 min—--$80**

**In-home child only craniosacral session within 20 minutes of office, add $30.**
These fees do not include MN Sales tax, which will be added at the time of service to all credit and debit card payments.
***I DO NOT ACCEPT TIPS***
Payments are due at the time of treatment. A Super Bill can be requested.

**CANCELLATION POLICY: A missed appointment or cancellations less than 24-hours before the appointment time will be charged the full scheduled appointment fee.**

**Change of Price:** Clients have the right to reasonable notice of changes to the prices, services, or policies.
**Right to Current Information:** 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.
**Right to Confidentially:** Client records are confidential and will not be released, unless authorized by the client in writing or as otherwise provided for law.
**Right to Self-Access:** Clients have the right to have access to their own records maintained by the Practitioner's office, in accordance with the state stature sections 144.291 to 144.298.
**Personal Interaction:** Clients have the right to expect courteous treatment, free from verbal, physical, or sexual abuse.
**Other Treatment Available:** Other Craniosacral therapy and myofunctional services are available to the Client in this same community. These can be located by asking the Practitioner, the provider who referred you to this practitioner or the following practitioner database: https://www.craniosacraltherapy.org/rest-member-directory
**Right of Agency:** The Client has the right to choose freely among available practitioners and to change practitioners after services have begun, within the limits of health insurance, medical assistance, or other health programs.
**Right of Refusal:** The Client may refuse services or treatment, unless otherwise provided by law.
**Right on Non-retribution:**The Client has the right to assert any and all of above-mentioned rights without retaliation from the Practitioner.