

January 1, 2008

COMPLEMENTARY AND ALTERNATIVE HEALTH CARE  
CLIENT BILL OF RIGHTS

- (1) Practitioner Name: Carolyn Dunow  
Complementary and Alternative Health Care Title: Energy Healing Coach
- Business Address: 1005 April Place, Burnsville, MN 55306  
Telephone Number: 952 432-8173
- (2) Degrees, training, experience, or other qualifications regarding the complementary and alternative health care:

Inca Shamanic Training – Four Winds Society; Light Body School Graduate  
Spring Forest QiGong Level IV  
DNA and Theta Healing  
Reiki Master  
Energy Interference Patterning of DNA I  
Akashic Records Level I  
Jennie Marlow Quantum Creativity, Relating Soul to Soul  
Indigenous African Spirit Technologies by Malidoma Some  
BSBA – Cardinal Stritch University

**THE STATE OF MINNESOTA HAS NOT ADOPTED ANY EDUCATIONAL 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, 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.**

- 3) Any client may file a complaint with the following office:

Name: Office of Complementary and Alternative Health Care Practice  
Address: Office of Complementary and Alternative Health Care Practice  
Health Occupations Program  
Minnesota Department of Health  
P.O. box 64975  
121 East 7th Place  
Suite 400  
St. Paul, MN 55164-0975  
Phone: 651-232-5623

- (4) Practitioner fees for unit of service are: \$120 per hour  
Method of payment: Cash, Check, Credit Card or PayPal due upon services.  
Practitioner is not contracted with to provide services through Health maintenance Organizations or Insurance Companies.  
Practitioner does not accept Medicare, Medical Assistance, General Assistance Medical Care.  
Practitioner does not accept partial payment and does not waive payment.

- (5) Clients have a right to reasonable notice of changes in services or charges.
- (6) The following is a brief summary, in plain language, of the theoretical approach used by the practitioner in providing services to clients: \_\_\_\_\_

**Intuitive tracking is performed to identify the disruption of energy flow within the body.**

**The energy work is performed to bring in universal life force energy, release or remove excess or blocked energy and balance the flow of energy within the physical body and luminous energy field or aura. These are performed using theories of quantum physics, intuitive vision and conscious intent.**

**Specific techniques may be used after the basic energy balancing has been performed. These techniques will be fully explained prior to a healing session. All healing is performed with energy balancing, intuition, intent, journey, meditation and unconditional love.**

- (7) Clients have a 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.
- (8) Clients may expect courteous treatment and to be free from verbal, physical, or sexual abuse by the practitioner.
- (9) Practitioner generally does not keep records of healing sessions, except for multi-step healing processes such as soul retrieval.
- (10) Client records and transactions with the practitioner are confidential unless release of these records is authorized in writing by the client, or otherwise provided by law.
- (11) Clients have a right to be allowed access to records and written information from records in accordance with Minnesota Statute 144.335.
- (12) Clients have the right to choose freely among available practitioners and to change practitioners after services have begun.
- (13) Clients have a right to coordinated transfer when there will be a change in the provider of services.
- (14) Clients may refuse services or treatment, unless otherwise provided by law.
- (15) Clients may assert the client's rights without retaliation.

Prior to the provision of any service, a complementary and alternative health care client must sign a written statement attesting that the client has received the complementary and alternative health care client bill of rights.

I hereby acknowledge receipt of the Client Bill of Rights and the attached documents incorporated therein, and I have had a full opportunity to ask any questions I have about this document and my rights as a client. I understand my rights as a client.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent /Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signora Legal Relationship to Client: \_\_\_\_\_