

COMPLEMENTARY AND ALTERNATIVE HEALTH CARE CLIENT BILL OF RIGHTS

Please read this Complementary and Alternative Health Care Client Bill of Rights. We are pleased to provide you with this Client Bill of Rights, in accordance with Wisconsin laws, Chapter 461 governing complementary and alternative health care practices.

In compliance with this law we will provide you with a copy of your signed acknowledgment of this document and we will maintain each signed acknowledgment for at least two years.

1. Services provided by: Sabrina Eder and Connie Perry

2. Our services are available at:

Dynamics of Healing

7441 S. 27th Street, Suite 204

Franklin, WI 53132

And

Dynamics of Healing

202 E. Chestnut St.

Burlington, WI 53105

Phone number for both sites: (414) 764-2871

3. Degrees, Training, Experience and Qualifications:

Sabrina Eder earned a Master of Physical Therapy degree from Concordia University, Milwaukee, Wisconsin. She completed numerous continuing education courses as required by the state of Wisconsin during her time as a licensed physical therapist (1999-2015). This additional coursework pertained to the body's function and care as a whole unit. See the Dynamics of Healing website for details.

Connie Perry earned a Master of Physical Therapy degree from Concordia University, Milwaukee, Wisconsin. She completed numerous continuing education courses as required by the state of Wisconsin during her time as a licensed physical therapist (2001-2015). This additional coursework pertained to the body's function and care as a whole unit. See the Dynamics of Healing website for details.

In 2015 Sabrina Eder and Connie Perry did not renew their state license in order to practice as complementary and alternative healthcare practitioners. Neither are practicing under a health care license granted by the state of Wisconsin. Each are practicing as an unlicensed complementary and alternative health care practitioner.

4. Description of Services: The nature of the complementary and alternative health care service to be provided includes one or more of the following:

Body Based Practice: Mobilization of tissues around a restricted area of the body allowing for improved mobility. We incorporate body movement patterns to help facilitate this process.

Mind-Body Practice: The interplay between the spiritual and physical dynamics as a means to achieve health and healing.

Please see the Dynamics of Healing website (Dynamicsofhealing.org) for further details as to the nature of our service. This can also be provided to you by paper copy at your request.

5. Right to file a complaint: Our names and address are listed above. You have a right to file a complaint against us, by writing a letter with details of the nature of the complaint. Also, if you have any concerns, you may file a complaint with the following office: Department of Safety and Professional Services, 4822 Madison Yards Way, Madison, WI 53705. Phone number: 1-608-266-2112.

6. **Fees per unit of service:** Fees are payable at the time of service by cash, check, or credit card. (Please see our Fee Schedule). Our services are not reimbursable by insurance. A receipt can be provided to you, should you wish to keep one for your records.
7. **Change in service or charges:** You have the right to reasonable notice of changes in services or charges, and we will provide prior notice of any changes.
8. **Assessment and Recommendation:** You have the right to complete and current information concerning our assessment and recommended service, including the expected duration of the services to be provided. If you have any questions, please ask.
9. **Courteous Service:** You may expect courteous treatment and to be free from verbal, physical or sexual abuse by your practitioner
10. **Confidentiality:** Your records and transactions with this office are confidential. This information will not be released unless you authorize release in writing, or unless release is required by law.
11. **Records:** You are allowed access to your individual client record and written information in your record.
12. **Coordinated transfer:** You have the right to choose freely among available practitioners and to change practitioners after services have begun. If you change practitioners, you have the right to our assistance in coordinating this transfer to another practitioner.
13. **Right to Refuse Service:** You are free to refuse services or treatment unless otherwise provided by law.
14. **No Retaliation:** You may assert your rights described in this Client Bill of Rights at any time without retaliation.

ACKNOWLEDGMENT:

I have received a copy of the Complementary and Alternative Client Bill of Rights. I have read and understand the Client Bill of Rights, or it has otherwise been read to me. 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 or Legal Guardian's Name Printed

 Date

 Client or Legal Guardian's Signature

 Date

 Relationship to Client if not Client

 Date