

State of Minnesota Client Bill of Rights

COMPLEMENTARY AND ALTERNATIVE HEALTH CARE STATUTE §146A.11

PRACTITIONER

Rhianna Gawrys, CYT
The Relief Space LLC
3939 Chicago Avenue, #204, Minneapolis, MN 55407
Rhianna@TheReliefSpace.com
651-500-2297

QUALIFICATIONS

Bachelor of Arts, Bachelor of Independent Studies
Certified, Somatic Yoga Instructor

TRAINING

- SomaYoga Therapy & Somatics Intensive, 2015
- Somatic Yoga Therapy Teacher Training, Yoga North International SomaYoga Institute
 - 200 hour 2016
 - 500 hour, 2018-2019
 - 1000 hour, 2021 (expected 2022)
- OSHA Ergonomics Course Certification, 2021
- Personal experience, study, and workshops in ergonomics, neuromuscular therapy, Functional Anatomy and Biomechanics, musculoskeletal pain, adaptive yoga, meditation, breath work, ethics, consciousness, and Ayurveda.

"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, 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, OSTEOPATHIC PHYSICIAN, 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.

THEORETICAL APPROACH

Neuro-muscular reeducation therapy uses the sensory motor loop to release muscular tension and alleviate, eliminate, and prevent pain and to increase mobility, stability, and strength. It works with the nervous system and muscles as I guide clients through therapeutic movements. This therapy's focus is on stability, mobility, and strength and education on sensory motor amnesia (SMA).

FEES

- Sessions are billed at \$90 per hour. Initial consultations are usually 1.5 hours in length. Subsequent sessions usually range from 1-1.5 hours in length.
- All fees are to be paid at time of service unless otherwise agreed in writing.
- This office does not accept insurance, Medicare or medical assistance.

YOUR RIGHTS

- You have the right to complete and current information regarding you practitioner's assessment and recommended service, including expected duration.
- You have the right to a reasonable notice of changes in services or charges.
- You have the right to expect courteous and respectful treatment that is free from verbal, physical, and sexual abuse.
- Your records and transactions with the practitioner are completely confidential unless release of the records is authorized by you in writing or as otherwise provided by law. You are allowed access to your records and written information from records in accordance with Minnesota Statutes sections §144.291 to 144.298.
- You may refuse treatment or any portion of the treatment at any time.
- Other community resources are available and may be found online or in written resources or through other clinical and wellness practitioners/clinics/studios. Where and when appropriate, I will make referrals to appropriately qualified health care practitioners to further assist you in your process. Following through on these referrals is the responsibility of the client. You have the right to choose freely among practitioners and to change practitioners at any time, within the limits of health insurance, medical assistance, or other health programs.
- You have the right to a coordinated and timely transfer of information should you change providers.
- You may assert any of your rights without fear of retaliation.
- Please contact me with any questions, concerns or complaints that you have. If you feel your complaint is not appropriately addressed, you may contact the state oversight agency:

Health Occupations Program

Office of Unlicensed Complementary and Alternative Health Care Practice

Minnesota Department of Health

P.O. Box 64882

St. Paul, Minnesota 55164-0882

I hereby attest that I received a copy of this Client Bill of Rights.

CLIENT NAME

SIGNATURE

DATE

PLEASE SIGN, DATE, AND KEEP A COPY FOR YOUR RECORDS.