

**STATE OF MINNESOTA CLIENT BILL OF RIGHTS
COMPLEMENTARY AND ALTERNATIVE HEALTH CARE STATUTE 146A.11**

VALERIE LIS, MA, EFT CERT-II

Acknowledgment by Client

I have read, understand, and received a copy of the Complementary and Alternative Health Care Client Bill of Rights concerning services from Valerie Lis, as required by Section 146A.11 of the Minnesota Statutes.

Client or Legal Guardian's Name Printed

Address

Phone

City, State, ZIP

Email

X Client or Legal Guardian's Signature

Date

1. **Business:** Courses for L.I.F.E., 763-315-0086, coursesforlife.com
Address: The Ivy Cottage, 33 Fourth St NW, Osseo MN 55369
Additional locations– 6311 Wayzata Blvd, #310, St Louis Park MN 55416 & Center for Alternative Healing, 7373 W 147 St, #108, Apple Valley MN 55124
2. **Degrees, Training, Experience, and Qualifications:**
MA Holistic Health Studies, College of St Catherine, Minneapolis MN 2006
BS Business, Carlson School of Business, Minneapolis MN, 1977
EFTCERT-I & EFTCERT-II (Certified EFT Practitioner Levels 1 & 2)
EFT-ADV (Emotional Freedom Techniques Advanced Certificate of Completion)
EFT-CC (Emotional Freedom Techniques Certificate of Completion)
Trainer in EFT Workshop Levels 1, 2, and 3. EFT practitioner since 2002.

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, 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. I work independently and do not have a supervisor.

4. I seek to personally resolve any complaints you may have to our mutual satisfaction.
5. If you wish to complain to an outside agency, you may contact the Office of Complementary and Alternative Health Care Practice, Health Occupations Program, Minnesota Department of Health, PO Box 64975, Suite 400, Metro Square Building, St Paul MN 55164, 651-282-6366.
6. **Fees:** \$125 for an hour-long phone or one-on-one session. \$290 for three hour-long sessions. Credit cards, checks, and cash are accepted for payment at the time of service. I do not currently participate in any health plans, including Medicare and Medicaid.
7. As a client, you have the right to reasonable notice of changes in services or charges.
8. **Theoretical Approach:** I work with Emotional Freedom Techniques, a form of energy psychology created by Stanford engineer Gary Craig. EFT involves acupressure self-tapping with fingertips on the face and upper body. It views the body as an energy system similar to acupuncture.
9. You have a right to complete and current information concerning my assessment and recommended service, including the expected duration of the service to be provided.
10. You may expect courteous treatment free from verbal, physical, or sexual abuse.
11. Your records and transactions with this office are confidential. This information will not be released unless you authorize its release in writing, or otherwise provided by law.
12. You are allowed access to records in accordance with Minnesota Statutes section 144.335.
13. Other alternative services are available in the community. Website links to some of these services may be found at coursesforlife.com and hpssglobal.com. Other sources include Essential Wellness and Edge Life News publications and telephone directories.
14. You have the right to choose freely among practitioners and to change practitioners after services have begun.
15. If you change practitioners, you have the right to my assistance in coordinating this transfer to another practitioner.
16. You are free to refuse services or treatment.
17. You may assert your rights described in this Client Bill of Rights at any time without retaliation.

ADDITIONAL RESOURCES

| | |
|--|--------------|
| FIRST CALL FOR HELP..... | 651-291-0211 |
| CRISIS CONNECTION..... | 612-379-6363 |
| RAPE AND ABUSE CENTER..... | 612-825-4357 |
| ALCOHOLICS ANONYMOUS (24 hours)..... | 952-922-0880 |
| MOBILE CRISIS (runaway youth, crisis)..... | 651-771-0406 |