



Your Client Bill of Rights

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

1. **Business:** Know Thyself Healing and Therapy - Dwight & Melissa Raatz (sole proprietors),
dwight@raatz.com, 612-269-6578, melissa@raatz.com, 763-242-3261,
www.KnowThyselfHealingAndTherapy.com **Address:** 10505 Wayzata Blvd, Suite 102, Minnetonka, MN 55305

2. **Degrees, Training, Experience, and Qualifications:**

Dwight Raatz:

Breathing Practitioner, Mind Body Science Institute, July 2015

Jikiden Reiki Zenki (Okuden) practitioner, Jikiden Reiki Kenkyukai (Institute), May 2011

Jikiden Reiki Zenki (Shoden) practitioner, Jikiden Reiki Kenkyukai (Institute), February 2011

Reconnective Healing, Level I & II Seminar: Reconnective Healing, October 2010

Reconnective Healing, The Basic Truths and Frequencies of Healing, October 2010

BS Business Administration, Minnesota State University Moorhead, Moorhead MN, 1989

Melissa Raatz:

Master's Degree, Licensed Graduate Social Work, May 2016

Breathing Practitioner, Mind Body Science Institute, July 2015

Jikiden Reiki (Okuden - Level I) practitioner, Jikiden Reiki Kenkyukai (Institute), January 2012

Reiki Level II - Joanie Ford - Reiki Master, July 2014

BA Social Work, College of St Scholastica, Duluth, MN, 1989

3. **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.

4. We work independently and do not have a supervisor.
5. We seek to personally resolve any complaints you may have to our mutual satisfaction.
6. If you wish to complain to an outside agency, you may contact the Office of Unlicensed Complementary and Alternative Health Care Practice (OCAP), Minnesota Department of Health, Health Occupations Programs, PO Box 64882, Saint Paul, MN 55164-0882, 651-201-3731.
7. **Fees:** \$65 to \$85 for an hour-long one-on-one session. Checks, cash and credit cards are accepted for payment at the time of service. We do not currently participate in any health plans, including Medicare and Medicaid.
8. As a client, you have the right to reasonable notice of changes in services or charges.
9. **Theoretical Approach:** Dwight works with Reconnective Healing techniques as taught by Dr. Eric Pearl and The Reconnection. The client typically will lay face-up with eyes closed on a massage table fully clothed. The technique or process does not involve touching the client's body at any time other than a light touch to the shoulder indicating completion of the session. The process sees the body as an energetic field capable of



receiving information to be utilized for improving holistic health.

Dwight works with a common Reiki techniques as taught by Cindy Myers (A Center for Wellness and Light), Shihan trained by Mr. Tadao Yamaguchi of the Jikiden Reiki Kenkyukai (Institute). Melissa was trained by Sarah Smirga (True Sanctuary) and Reiki Master Joanie Ford. Reiki involves the client lying on a massage table fully clothed either face-up or down. This technique normally involves non-invasive hands-on touch of the client body. Reiki is the pure form of healing energy. A treatment feels like a wonderful glowing radiance that flows through you and surrounds you. Reiki is a simple, natural, and safe method of spiritual healing and self-improvement that everyone can use.

Dwight and Melissa both work with Rebirthing Breathwork or Conscious Connecting Breathing. This breathing technique is a series of gentle connected rhythmic breaths that can be very powerful. You are using the breath to flow energy in your body and mind that is done consciously with purpose and intuition.

10. 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.
11. You may expect courteous treatment free from verbal, physical, or sexual abuse.
12. 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.
13. You are allowed access to records with proper notification and time availability.
14. Other alternative services are available in the community. Other sources include Essential Wellness and Edge Life News publications and telephone directories. When and where 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.
15. You have the right to choose freely among practitioners and to change practitioners after services have begun.
16. If you change practitioners, you have the right to my assistance in coordinating this transfer to another practitioner.
17. You are free to refuse services or treatment.
18. 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



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 Dwight Raatz or Melissa Raatz, as required by Section 146A.11 of the Minnesota Statutes.

Name

Address

Phone

City/St/Zip

Email

Client Signature

Date

If you are younger than 21 years of age, you must have a parent or guardian's signature of authorization for this session.

Parent or Guardian Signature

Date