

Client Bill of Right
Moving in Harmony CranioSacral Therapy LLC
Kimberly C. Pilgrim, MS 651-366-1112 www.kimpilgrim.com
4315 Xerxes Av, Minneapolis, MN 55410 ~4345 Buckingham Ct, Vadnais Heights, MN 55127

Education & Training:

- B.A. Concordia College, Moorhead, MN-1987
- M.S. Mankato State University, Mankato, MN-1991
- CranioSacral Therapy-training with Dr. Carol Phillips, D.C.-2004-2006, 2009; Benjamin Shield 6/2007; Leonid Soboleff MD 5/2007, 7/2008. Upledger Institute 3/2007, 3/2015; 9/2015; 11/2015; 8/2016; 12/2016; 2/2017; 6/2017; 11/2018; 3/2019; 6/2019; 11/2019; 5/2020; 8/2021

THE STATE OF MINNESOTA HAS NOT ADOPTED ANY EDUCATIONAL AND TRAINING STANDARDS FOR UNLICENSED COMPLEMENTARY AND ALTERNATIVE HEALTHCARE PRACTITIONERS. THIS STATEMENT OF CREDENTIALS IS FOR INFORMATIONAL PURPOSES ONLY.

Under Minnesota law, an unlicensed complementary and alternative healthcare 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 healthcare provider, the client may seek such services at any time.

Client Rights:

You have the right to be treated with courtesy and respect, free from verbal, physical or sexual abuse by any practitioner or staff member.

You have the right to complete and current information regarding assessment and recommendations for treatment. You may have access to your records. Your records are confidential unless you have authorized in writing a release of your records.

Other services are available in the Twin Cities and surrounding area to which I may refer my clients. You have the right to choose freely among the available practitioners and to change practitioners or discontinue treatment after services have begun. You have the right to coordinated transfer when there will be a change in the provider of services.

Filing a Complaint:

If there is ever anything you are uncomfortable with during our working together, please bring this up to me. It can be challenging to do so, yet holds the opportunity for greater healing for both of us. I will do my best to remedy the situation if I am at all able. If you remain dissatisfied or wish to contact an outside agency about your concerns you may call or write without fear of retaliation:

Office of Unlicensed Complimentary & Alternative HealthCare Practice
Health Occupations Program
MN Department of Health
PO Box 6475
St. Paul, MN 55164-0975
Phone (651)282-5623

Description of CranioSacral Therapy:

A gentle, light touch therapy, CranioSacral Therapy releases tensions held deep in the body and central nervous system. This release allows for the possibility of self correction in all systems of the body.

CranioSacral Therapy is performed with the client fully clothed, on a comfortable massage table, in a quiet and nurturing environment.

Insurance:

At this time, CranioSacral therapy is not covered by Medicare, Medical Assistance, or most insurances companies and HMO's. **However, it is often covered in the case of an auto accident and workers compensation with a diagnosis and referral from a physician or chiropractor.**

Fees & Payment Policies:

Full hour session billed through auto insurance and workers comp \$180

Same day payment pricing plus tax:

		Pkg. of 3:	Pkg. of 5:
Adult 60 min session	\$120.00	\$330.00	\$500.00
Adult 90 min session	\$180.00	\$495.00	\$750.00
Age 11-15, 45 min	\$ 90.00	\$247.50	\$375.00
Child age 3-10 30 min	\$ 60.00	\$165.00	\$250.00

PRICES DO NOT INCLUDE TAX.

Packages are transferable and non-refundable.

A \$30 fee for in home sessions done within 30 minutes of the home office. Home visits are for those who cannot get to the office.

Payments are due at the time of treatment unless other arrangements are made prior to treatment.

**A missed appointment or a cancellation
with less than 24 hour notice will be
charged the full rate of the scheduled
appointment.**

Prior to your office visit, I need a signed copy for your file.

I attest that a copy of the Client Bill of Rights from Kim Pilgrim for CranioSacral therapy had been made available to me.

X Client signature: _____ **Date:** _____.