

Nurturing Healing Touch
www.nurturinghealingtouch.com
Jane Ellen Nielsen, RN, MS, CHTP
952-210-8522

INFORMED CONSENT

Explanation of Services

Healing Touch is an energy-based approach to health and healing. Gentle touch is used to influence the energy system that surrounds your body, as well as the energy centers controlling the flow of energy from this field to your body. The practitioner's hands clear, energize and balance your energy field, affecting physical, mental, emotional and spiritual health and healing. The goal is to restore harmony and balance to your energy system, placing you in a position to self-heal.

Experience of Practitioner

Jane Ellen Nielsen is a board-certified Registered Nurse with more than 40 years experience in oncology, med/surg, pain management, chemical dependency & behavioral medicine. Healing Touch professional preparation and certification were earned from the Healing Touch Program & Healing Touch International, Inc. A member of the American Holistic Nurses Association, Jane uses personal insights as a cancer survivor to extend dignity and compassion to those she serves.

Service fees and policies

1. Payment is due at time of service.
2. Cash or checks are accepted forms of payment.
Checks may be made out to *Nurturing Healing Touch*.
3. Rate changes will be posted one month before they go into effect.
4. Fees for Service *effective January 1, 2022*

Initial consultation (30 min.)	complimentary
Therapeutic session & health coaching (90 min.)	\$80 plus tax
Package of three 90 min. sessions	\$210 plus tax

5. Cancellation policy:

Cancellations are requested by phone or e-mail 12 hours prior to appointment.

cell 952-210-8522 jane@nurturinghealingtouch.com

A \$30 cancellation fee will be assessed if you miss your appointment and have not called to cancel/reschedule.

You will be notified by phone or email 24 hours in advance if your practitioner must reschedule your appointment. If given less than 24 hours notice, you will receive \$30 off your next appointment.

(over)

Client Bill of Rights

Your practitioner adheres to a strict Code of Ethics and Standards of Practice. The Minnesota Board of Nursing stipulates that nurses who employ integrative therapies in their nursing practice, to meet nursing and patient goals developed through the nursing process, are held to the same accountability for reasonable skill and safety as they are with the implementation of conventional treatment modalities. **As a client receiving complementary and alternative health care services, you have these rights:**

1. The right to file any legitimate complaints regarding the services you have received to:
Office of Complementary & Alternative Health Care Practices
Health Occupations Program
P.O. Box 64882 85 E. 7th Place, Suite 300
St. Paul, MN 55164-0882
Phone: 651-201-4200
Or
Minnesota Board of Nursing
1210 Northland Drive, Suite 102
Mendota Heights, MN 55120
Phone: 612-317-3000
2. The right to courteous treatment, free from verbal, physical, or sexual abuse.
3. The right to confidentiality. All records and transactions are confidential unless release of these records is authorized by you in writing by you or required by law.
4. The right to access records and written information from your file, to complete and current information, and to recommended services.
5. The right to other services available in the community as listed in local directories and advertisements.
6. The right to choose your health care providers and to change providers at will.
7. The right to refuse treatment or service.

You, the client may assert your rights at any time.

Complementary and Alternative therapies are meant to support your health and well-being, to empower you to make healthy choices, and to enhance your innate ability to self-heal. They complement traditional approaches to health and healing. They are not a substitute for them.

Consent for services

I (PRINT NAME) understand that Complementary and Alternative Healthcare is a complement to traditional medical care and not a replacement. My signature below indicates I agree with the statements above, and will receive this therapy as a complement to my regular medical care.

Client _____ Date _____