

## Complementary and Alternative Health Care Client Bill of Rights

**Practitioner Name** - Jotaro Kashihara

**Business Name** - Reiki with Jotaro

**Business Address** - 4729 Canterbury Ct. NW; Rochester, MN 55901

**Website** - [www.reikiwithjotaro.com](http://www.reikiwithjotaro.com)

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Jotaro Kashihara, hereafter, “the Practitioner” has received the following education, training, and credentials:

- Usui Shiki Reiki Ryoho (Western style Reiki – Hawayo Takata lineage)
  1. Reiki level 1 on November 26<sup>th</sup>, 1997
  2. Reiki level 2 on August 15<sup>th</sup>, 1998
  3. Reiki level 3 Master/Teacher on January 13<sup>th</sup>, 2003
- International House of Reiki Style Usui Reiki Ryoho (Japanese style Reiki – Hiroshi Doi Lineage)
  1. Usui Reiki Ryoho Shoden (Reiki 1) on February 8<sup>th</sup>, 2009
  2. Usui Reiki Ryoho Okuden (Reiki 2) on November 23<sup>rd</sup>, 2009
  3. Usui Reiki Ryoho Shinpiden (Reiki 3 Teacher Level) on July 25<sup>th</sup>, 2010
- Dento Usui Reiki Ryoho (Traditional Japanese Style Reiki – Hiroshi Doi Lineage)

The Practitioner learned Dento Usui Reiki Ryoho as an intensive study course over the span of two weeks. He completed the Dento Usui Reiki Ryoho Shinpiden (Reiki 3/Shihan) level on June 8<sup>th</sup>, 2013.
- Jikiden Reiki (Original Shinshin Kaizen Usui Reiki Ryoho – Yamaguchi Lineage)
  1. Jikiden Reiki Shoden (first teachings) on October 10<sup>th</sup>, 2011
  2. Jikiden Reiki Okuden (inner teachings) on September 26<sup>th</sup>, 2013
  3. Jikiden Reiki Shihankaku (assistant teacher) on November 12<sup>th</sup>, 2014
  4. Jikiden Reiki Shihan (full teacher) on February 21<sup>st</sup> 2017

As of July 01, 2001, Minnesota’s Freedom of Access to Complementary Care Law (Statute Chapter 146A) requires that you receive, and acknowledge that you have received by your signature on the back of this page, the following information prior to your treatment. The Information that follows in quotation marks is required to be on the Client Bill of Rights in bold print by the state statute:

**“THE STATE OF MINNESOTA HAS NOT ADOPTED ANY EDUCATIONAL OR 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, 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.”

**Complaints** – If the Client has a complaint or concern about the care or services they have received, they may contact the Office of Unlicensed Complementary and Alternative Health Care Practice located in Minnesota Department of Health:

**Mailing Address** – P.O. Box 64882, St. Paul, MN 55164-0882

**Telephone** - (651) 201-3728.

**Website** - [www.health.state.mn.us](http://www.health.state.mn.us)

**Fees, Payment, Insurance and Cancellation Policies** – The fees charged for services provided by Jotaro Kashihara are as follows:

ONE (1) REIKI TREATMENT SESSION \$65.00  
PACKAGE OF THREE (3) REIKI TREATMENT SESSIONS \$175.00  
PACKAGE OF FIVE (5) REIKI TREATMENT SESSIONS \$275.00

On average, a Reiki treatment session last for a period of 60 to 70 minutes. The above fees are calculated to reflect this.

Payment is accepted by cash or by credit card (VISA/MC). Credit card payments are processed through Square Payment Services. Payment in full for services is expected at the time of service, unless otherwise arranged prior to the appointment. The Practitioner will supply a receipt at time of payment for the client’s records. This Practitioner is not on contract with any HMOs, PPOs or any other Insurance Company to provide discounted services. This Practitioner does not accept Medicare, Medical Assistance or general assistance medical care. Jotaro Kashihara requires a minimum 24-hour business day advanced notice for cancellations or you may be charged for the full appointment.

**Change of Price** – While changes in session fees can occur, reasonable notice of those changes is provided by session fees being posted in the Practitioner’s office, will be listed on the Practitioner’s website, or disclosed to the client asking when scheduling the appointment.

**Theory of Treatment** – The state requires a “plain language” summary of the “theoretical approach used to provide service to clients”. Please reference the practitioner’s credentials as this varies per practitioner. Client may also ask the practitioner.

**Right to Current Information** – Clients have the right to complete and current information concerning the Practitioner’s assessment and recommended service that is to be provided, including the expected duration of the service to be provided.

**Right to Confidentiality** – Client records are confidential and will not be released unless authorized by the client in writing or as otherwise provided for by law.

**Right to Self-Access** – Clients have the right to access their own records, maintained by the Practitioner’s office, in accordance with state statute 144.291 to 144.298.

**Personal Interaction** – Clients have the right to expect courteous treatment, free from verbal, physical, or sexual abuse.

**Right of Agency** – The Client has the right to choose freely among available practitioners and to change practitioners after services have begun, within the limits of health insurance, medical assistance, or other health programs.

**Records Transfer** – The Client has the right to coordinated transfer of your records when there will be a change in the provider of services.

**Right of Refusal** – The Client may refuse services or treatment, unless otherwise provided by law.

**Right of Non-Retribution** – The Client has the right to assert any and all of the above-mentioned rights without retaliation from the Practitioner.

I (please print your name) \_\_\_\_\_ acknowledge by my signature below that I have received and understand the Complementary and Alternative Health Care Client Bill of Rights.

Signature \_\_\_\_\_ Date \_\_\_\_\_