



Client Bill of Rights for Complementary and Alternative Health Care

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Dr. Maria Parra, hereafter, “the Practitioner” has received the following education, training, and credentials:

- Doctorate in Clinical Psychology from the Minnesota School of Professional Psychology (Bloomington, MN 1998)
- An equivalent of a BS in Clinical Psychology from Rafael Urdaneta University (Maracaibo, Venezuela 1988)
- Bach Flower Therapy and Birth Chart Training Certificate (Spain, 2020, 150 hours)
- Flower Essences, Foundations, Trauma and Chinese Medicine Training Certificate (Minneapolis, 2021, 112 hours)
- Level 1 Spring Forest Qigong Certificate (Eagan, MN 2014)
- Level 2 Spring Forest Qigong Certificate (Eagan, MN 2015)
- Bush and California Essences Flowers I (March 2023)
- Bush and California Essences Flowers II (May 2023)

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, the Client may also contact the Office of Unlicensed Complementary and Alternative Health Care Practice located in the Minnesota Department of Health, PO BOX 64882, St. Paul, MN, 55164-0882. Telephone: 651.201.3728. Fax: 651.201.3839.

Fees, Late Cancellations, Payments and Insurances:

First Session \$145.00
Individual Sessions \$100.00

You are entitled to receive reasonable notice for any changes in services or products. **Payments are due at the time of service** and can be made by Zelle or PayPal. Maria Parra, DBA Cardinal Wisdom, LLC does not take insurance. You may use your HSA for payment, if allowed an invoice for this purpose can be provided. **Maria Parra, DBA Cardinal Wisdom, LLC, requires 48-hour (business days) notice for cancellations in order to avoid paying the full session fee.**

Change of Price –While changes in session fees can occur, reasonable notice of those changes is provided by session fees, or by 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”. The Practitioner utilizes techniques that promote innate self-healing capacities.

Right to Current Information –Clients have the right to complete 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 Access –Clients have the right to access their own records, maintained by the Practitioner, 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. Other Treatment Available –Other alternative therapy services are available to the Client in this same community. These can be located by asking the Practitioner, the provider who referred you to this practitioner.

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 that I have received and understand the Complementary and Alternative Health Care Client Bill of Rights.

Signature _____

Date _____