POLICIES & PROCEDURES

Welcome to Crescent Moon Massage Therapy! The following is an explanation of my office policies and procedures. I believe that a clear understanding will allow us both to concentrate on the most important issue: regaining and maintaining your health. I am happy to answer any questions that you may have and look forward to working with you!

The procedure time for your treatment is 60 or 90 minutes, depending on which you scheduled. I do not double book appointments and I am unable to place another client in your space without sufficient prior notice. Therefore, when you are scheduled, it is imperative that you show up to your appointment and that you arrive on time. **IF YOU ARRIVE LATE FOR YOUR APPOINTMENT THE SESSION WILL END AT THE ORIGINAL SCHEDULED TIME TO PREVENT PENALIZING ANOTHER CLIENT. THIS ALSO APPLIES IF YOU ARE THE LAST CLIENT OF THE DAY.** You will also be charged for the full time your appointment was made for. Please let me know if you will be more than 10 minutes late by texting or phoning me. If you do not, I may consider you a no show and leave the office. This means you will be charged in full for the massage therapy session you were scheduled for**. Cancellation notice is required 24 hours prior to your treatment time**. This allows me to make your time slot available to another client in need of treatment. If notice is not given, you will be charged the full amount of the session. **THE FEE MUST BE PAID PRIOR TO YOUR NEXT APPOINTMENT**. Please be aware that I no longer accept any medical insurance.

And finally, a few notes about Covid: **PLEASE DO NOT ARRIVE EARLY TO YOUR APPOINTMENT. MY WAITING ROOM IS CURRENTLY CLOSED DUE TO COVID. CURRENTLY, I ONLY HAVE ONE CLIENT AT A TIME INSIDE OF MY OFFICE. IF YOU HAVE ANY COLD OR ALLERGY SYMPTOMS, PLEASE CANCEL YOUR APPOINTMENT AND STAY HOME. PLEASE WEAR A MASK WHEN ENTERING AND EXITING MY OFFICE. IF IT IS UNCOMFORTABLE FOR YOU TO WEAR ON THE TABLE, WE CAN DISCUSS OTHER OPTIONS TO MAKE IT MORE COMFORTABLE.**

**It is very important that you communicate with me to get the most out of your massage Please read the following statement and sign.**

It is my choice to receive massage therapy. I realize and understand that massage therapists do not diagnose or prescribe. I agree to communicate with my therapist any time I feel my well-being is being compromised. If at any point I feel the therapist is applying too much or not enough pressure, I will communicate this immediately to my therapist.

**MY SIGNATURE INDICATES THAT I HAVE READ, UNDERSTAND AND AGREE TO THE POLICIES STATED ABOVE.**

**CLIENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**