

# Office Policies

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

It is my intention to provide guests with a professional and therapeutic massage. I strongly believe that your time is as valuable as mine and I will make every attempt to be ready for your appointment at the scheduled time. In my commitment to provide a unique and outstanding experience to all clients and out of consideration for therapist's time, the following policies have been adopted:

## No Shows

Clients who fail to show for massage appointments will not be given a full or partial refund. If paying with a gift certificate, it will become forfeit.

## Cancellation

A **48-hour** notice is required for a cancellation or you will be charged in full for the appointment. Payment is due before your next appointment.

## Appointment Changes

A **48-hour** notice is required for any changes to your scheduled appointment date, start time or duration. If you shorten the duration at the start of your massage session you will be charged for the duration originally requested. (ie, If you book a 90 minute session but shorten your duration to a 60 minute session at the beginning of your treatment, you will be charged for the entire 90 minutes.) If you are unable to keep your originally scheduled appointment, and a request for a change is received less than **48 hours** prior to your session, you will be charged in full for the appointment. Payment is due before your next appointment.

## Tardiness

Please arrive on time to your appointment. Appointment times are as scheduled and cannot extend beyond the stated time. Late Arrivals will result in a shortened massage session.

## Sickness

Massage/bodywork is not appropriate care for infections or contagious illness. Please cancel your appointment as soon as you are aware of an infectious or contagious condition. If it is within the 24-hour notice period, the cancellation fee may be waived.

## Informed Consent

Your treatment plan will be discussed with you prior to beginning massage. I will only use techniques within my scope of practice. It is your responsibility to communicate with me if you require changes to pressure, technique or emollient. It is also your responsibility to inform me of illness, changes to your health or medication, accidents, injuries, or anything that may affect your ability to safely receive massage.

## Release of Medical Records

Your signature below authorizes the release of all of your medical records on file in this office, for the purpose of processing your claims, to the following: your attorney, the healthcare providers attending to this condition, and the insurance case managers. Medical records will not be edited unless otherwise stated in an exclusive release of medical records signed through your attorney.

## Refusal of Service

Massage therapy is strictly therapeutic and therefore strictly non-sexual. If you behave inappropriately during the session, I have the right to end the massage and you will be charged the full amount for the appointment and criminal charges may be filed. While therapeutic, massage is not a replacement for medical care, diagnosis, or treatment. Some kinds of massage may be inappropriate for certain medical conditions, and you should inform me of your medical history to the best of your knowledge. If you omit anything that leads to negative results, it is your responsibility. I reserve the right to refuse to provide services to any person at anytime. Should you be denied service you will be reimbursed for any unused services that have been paid in advance.

Your signature below signifies acceptance of these policies.

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