

POLICY AGREEMENT

Client: _____ Date: _____

Late Policy

If you are late for an appointment, you may not receive a full session since other clients are scheduled throughout the day. You will be charged for the full session, and the therapist will do their best to focus on your needs in the amount of time remaining.

Cancellation Policy

If you should need to cancel an appointment, please give a 24 hour notice, or you will be charged for the entire session. Cancellations due to an emergency are considered.

Payment Policy

Payment is due at the time of service. We accept cash, check, and credit cards. Direct billing of insurance companies is not provided. Returned check fee is \$25 and no further checks accepted.

Sexual Conduct

Sexual conduct of any kind is not tolerated. If at any time the therapist is feeling uncomfortable, they may terminate the session immediately.

I, _____, am voluntarily wishing to experience a session(s) of therapeutic massage (or other modality (please specify) _____) by _____.

I understand that massage therapists do not diagnose illness, prescribe medications or make spinal adjustments. I further understand that massage is not a substitute for medical care or treatment.

I have alerted my therapist to any conditions I have which may affect the work and have disclosed all medications (herbal or pharmaceutical) that I am currently taking. I further agree to update my practitioner to any changes in my mental, emotional or physical health.

I am seeking therapeutic massage of my own accord for the purposes that massage is intended. Such purposes include but are not limited to relaxation, mental wellness, relief of tension of sore muscles, improved circulation and/or improved range of motion.

I understand and have had explained to me the procedure, benefits and contraindications for massage and the side-effects which may occur as a result of massage.

Guarantee

All sessions are 100% guaranteed to meet the goals that we set at the beginning of each session. Please feel free to comment on what you liked or disliked. If you are uncomfortable at any time, you have every right to stop the session.

Signature: _____ Date: _____