

Policies and Auth. Notification

We appreciate that you have chosen us for your massage and whole body's needs. To provide the best service possible to our patients we have implemented the following policies.

By signing below, you agree to the following:

_____ I give my permission to receive massage therapy, and therapeutic/medical massage is not a substitute for medical treatment or medication. Patient also will prepare and disrobe to their comfortability. Ex.(shorts/undergarments) or personal preference.

_____ I also understand that the massage therapist/practitioner does not diagnose illnesses or injuries or prescribe medications. I have clearance from my physician to receive massage therapy.

- a. I understand the risks associated with massage therapy/neuro-stim MPS include but are not limited to: - Superficial bruising - Short-term muscle soreness
Exacerbation of undiscovered injury - Detoxing - Soreness after stretching
- Dehydration. (Drink plenty of water afterwards/ 50% of body weight in OZ.)

_____ I therefore release the company/individual massage therapist from all liabilities concerning these injuries or treatment modalities used during your session.

_____ I understand the importance of informing my massage therapist of all medical conditions and medications I am taking, and to let the massage therapist know about any changes to these. I understand that there may be additional risks based on my physical condition.

_____ I understand that it is my responsibility to inform my massage therapist during the session, not afterwards of any discomfort but not limited to pressure, draping, in positioning body or head. So, the massage therapist can adjust or change or drape over accordingly. This would include while massaging or MPS treatments/Scar Therapy, draping does move during session, but is required to all areas and including all Male or Female areas. These areas will be covered with sheet/blanket or towels during full session period.

_____ I understand that I (Patient) or the massage therapist may terminate the session at any time but patient will be charged for full session.

_____ I understand that if I am having MPS/Scar Therapy, I give my therapist permission to treat scars on areas that include abdominal/hip scars, upper extremities or lower extremities, head/neck/spine and will be draped according. We require at least 5 to 8 sessions for Scar Release Therapy. *Decided during Initial Evaluation session*

Please Initial here for your approval _____

Inappropriate Behavior Policy – Massage therapy is for relaxation and therapeutic purpose only. There is no sexual component to massage whatsoever. Any insinuation, joke, gesture, conversation, or request otherwise will result in immediate termination of your session and a refusal of all services in the future. You will be charged the full-service fee regardless of the length of your session. You are required during your session to inform your therapist of draping moving and release therapist of risk of any hand positioning while treatments are being completed, for this professional session. Treat your therapist with respect and dignity and you will be treated the same in return.

I have been given a chance to ask questions about the massage therapy session and my questions have been professionally answered.

Late/Cancellation Policy – We respectfully ask that you provide us with 24 hours' notice and Friday before an upcoming Monday any schedule changes or cancellation requests. Please understand that when you cancel or miss your appointment without providing a 24 hour notice we are often unable to fill that appointment time. This is an inconvenience to your therapist and other clients miss the chance to receive services they need. For this reason, you will be charged (50%) of service fee for the first missed session and (100%) of service fee for each session after that. We understand that emergencies can arise, and illness do occur at inopportune times. If you have a fever, vomiting or diarrhea within 24 hours prior to your session time, we request that you cancel your session. We know inclement weather may result in the need for late cancellations. We will do our best to give you advance notice if we are closing or need to cancel due to bad weather and we ask you to do the same. We might require a credit card to be kept on file if you cancel without notice more than two times.

Payments for session are done at end of treatments, we accept CASH / CREDIT CARDS (with a processing charge) or CHECKS (Returned will be charged \$35 and legal fees)

By signing below, you agree to abide by these policies, and **“please turn off cell phone in treatment room”**. **Only Therapist and Patient allowed in treatment room**

X _____

Patient Signature

(Date of Initial Session)