



Client Name: _____ Date: _____

Please be advised of the policies for this office. Your signature below signifies acceptance of these policies.

CLIENT INFORMATION: All information disclosed within a given session is kept strictly confidential. Please fill out the intake form completely as some conditions have particular contra-indications to certain modalities or techniques.

APPOINTMENTS: Please feel free to ask me any questions you have regarding your specific treatment needs. Keep in mind the broader benefits of massage are cumulative. It is best to receive consecutive sessions no more than 2 weeks apart, so that your body learns to hold changes and prevent relapse into old patterns.

CANCELLATIONS: A 24-hour notice is required for cancellation of an appointment, or you will be charged in full for the appointment. You are welcome to send a friend in your place!

TARDINESS: Appointment times are as scheduled and cannot extend beyond the stated time to accommodate late arrivals.

ENVIRONMENT: Our business is committed to providing an environment that is pleasant, professional and free from all forms of inappropriate conduct. Actions, words, jokes or comments of an improper nature are not tolerated.

FINANCIAL RESPONSIBILITY: Your signature below confirms your financial responsibility for all services regardless of insurance reimbursement.

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. Inactive files are discarded after 18 months.

REFERRALS: If you refer a friend to me, you will receive \$10 off your next treatment. Please spread the word to family and friends about the benefits of massage!

SESSION RATES: 60 Minutes: \$90 90 Minutes: \$125 120 Minutes: \$150

Signature: _____ Date: _____