

POLICY STATEMENT FOR CLIENTS

As health care practitioners regulated by the Department of Health, we take pride in our education, our experience, and our profession. We are licensed by the State of Florida with memberships in a number of massage professional organizations. It is important to us that we have good communication with our patients, provide the best treatment for their conditions, and make efficient use of time.

The following policies are provided to you for your review and signature. A copy will be given to you upon request.

- If you are late for your appointment, we will still end at the normal time so as not to make all subsequent patients late for their appointments.
- Missed or rescheduled appointments with less than 24 hours notice are subject to a fee up to the full amount of the session. We recognize that you might have an emergency or need to change your plans occasionally.
- Services are paid for at the time they are provided. Any other arrangements must be made in advance with the therapist.
- We think it is important to obtain patient feedback. Please inform us during treatment if the room temperature is uncomfortable, if you want a change in pressure, if your position is not comfortable, or if you would like the music changed.
- I agree to keep my practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so.
- We provide professional services for relaxation or therapeutic changes in the body. Total draping is used in this office to provide privacy, respect and a sense of comfort. Extra covers are available if needed. Each client receives clean sheets, towels and face covers.
- This is a health care practice; sexual innuendo or inferences will not be tolerated by the therapist.

Please Sign below as an indication that this form is accurate and understood on both sides and as an acknowledgement that you have received and carefully read a copy of the HIPPA Notice of Privacy Practices provided to you by our office.

Client Signature _____ Date _____