**Massage Therapy Consent/Cancellation policy**

* The unclothed Body will be properly draped at all time for your warmth and sese of security.
* Focused attention on manual therapy will be given as agreed upon by therapist and client for the predetermined goals.
* I have the opportunity to ask question and discuss potential benefits and possible side effect of massage.
* I agree to provide complete and accurate health information and notice of health changes.
* I understand that massage therapy is designed to be an ancillary health aide an is not suitable for primary medical treatment.
* Written referral is requested form your PCP if you are currently receiving medical care or have specific medical condition for which you take medications or medical treatments.
* I will immediately inform therapist of any unusual discomfort that the application of pressure, and may be adjusted to level of comfort
* Massage is not a sexually oriented in any way and any illicit or suggestive remarks or behavior will result in immediate termination of the session.
* **I give my consent to receive massage treatment discussed in the and all future sessions and agree that this is my written consent for massage treatment**

**Cancellation Policy**

* A credit card/debit card will need to be on file to hold appointment date

and time.

* Failure to cancel or modify your appointment less than **4 hours before your scheduled appointment** time will result in a **50% fee charged to your credit/debit card on file** of the set appointment.
* You will be considered a “no call, no show” if you fail to show for your scheduled appointment without canceling, this action will result in a **100% fee charged to your credit/debit on file.**

I have read and agree to the Massage therapy consent/cancellation policy, and give my consent to massage and to charge my card on file 50% of my session (1hr $30), or (1/2Hr 17.50) for cancellation less than 4hrs before my set appointment time. If I “No show, No call” the card on file will be charged the full amount of my session (1hr $60), or (1/2 hr $35)

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