CLIENT POLICIES TO SIGN

Welcome to Lee Massage Therapy!

I am 100% committed to your satisfaction. Please read and initial next to each policy and be sure to sign at the end. I want to ensure you have a GREAT experience with me.

ARRIVAL

For your first appointment, please arrive for your appointment 15 minutes prior to the scheduled starting time. This allows you the time to fill out the appropriate client forms. All treatment sessions have a specific time schedule and early arrival allows for a relaxed and unhurried experience.

CANCELLATION, RESCHEDULING, AND NO SHOWS

If I am not able to make a scheduled appointment, I agree to cancel or reschedule the appointment at least 24 hours in advance. I agree to pay 50% of the full session rate if I give less than 24 hours notice.

I agree to pay the full session rate if I give 2 hours notice or less, or if I miss an appointment without giving notice.

If, within 24 hours of my session, I develop a contagious illness, or have a sudden, unplanned health or personal emergency rendering me unable to make my appointment, I will inform Lee Massage therapy (Jennifer Goss) right away, and if you are unable to fill my vacancy, I will pay the cancellation fee or session fee (if less than 2 hours notice).

I understand that I am still responsible for my appointment until I hear back from a staff member confirming they received my email or phone call requesting cancellation/rescheduling.

LATE ARRIVAL POLICY

All treatment sessions have a specific time schedule therefore I regret that late arrivals may not receive extension of scheduled appointments. In special cases, and when my schedule will allow, I may be able to accommodate a partial or full appointment. This will be at my discretion and only with proper, advanced notification of your late arrival. The original reservation fee will be charged.

INFORMED CONSENT

Prior to each massage session, the treatment plan will be discussed with you. At your first visit with us you will receive a copy of the massage therapy policies and will be asked to sign the consent form stating that you have read the information, understand it, and agree to comply with the professional massage therapy policies and procedures.

SCOPE OF PRACTICE

Massage Therapy is a profession in which the practitioner applies manual techniques, and may apply adjunctive therapies, with the intention of positively affecting the health and well-being of the client.

Massage practitioners do not diagnose or prescribe for medical conditions. I may refer you to a medical doctor for diagnosis or treatment. My services are not intended as an alternative for proper medical attention for specific conditions. Please refer to a medical doctor for any specific condition which requires medical treatment.

CONFIDENTIALITY AND CONVERSATION

I treat all client visits and conditions as confidential. As such, I will not discuss your visit with anybody without your express permission.
You may choose to talk not talk during the massage. Conversation will be guided by the client's direction.

EXISTING AND NEW MEDICAL CONDITIONS

It is the responsibility of the client to keep me informed of any medical treatment currently being taken, and to provide written permission from the physician, chiropractor, physical therapist, etc., that the massage may be continued. The client must also keep me informed of any changes in health conditions.

RESPECT FOR CLIENT NEEDS AND BOUNDARIES

I understand that in order to receive the best massage therapy possible, I know that I have to communicate ANYTHING and everything, including my needs, preferences, requests or feedback, at any time before, during or after my massage. I take it upon myself to communicate right away if there is anything distracting me or if I feel unwell or uncomfortable at any time during the session so that adjustments are made. I understand that my therapist wants my HONEST feedback-positive or negative- and doesn't take offense to it.

I have read, initialed and understand, and agree to the above policies and information.

Signature: _____

Date: _____