



Welcome to Balanced Rock Therapeutic Massage!

I am 100% committed to your satisfaction. Please read, initial, and sign each policy to ensure you have a GREAT experience with your massage.

Your name: _____ Date: _____

Cancellations/Rescheduling:

_____ If I am not able to make a scheduled appointment, I agree to cancel or reschedule the appointment at least 48 hours in advance. I agree to pay \$60 if I give less than 24 hours notice.

_____ I agree to pay the full session rate if I give 2 hours or less notice, 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 Balanced Rock Therapeutic Massage right away. And if my vacancy is unable to be filled, I will pay the cancellation fee or session fee, (if less than 2 hours notice), unless an exception is granted, only at the discretion of Balanced Rock Therapeutic Massage.

_____ I understand that I am still responsible for my appointment until I hear back from Balanced Rock Therapeutic Massage confirming they received my phone call or text requesting cancellation/rescheduling.

Arriving on Time/Session Length:

_____ I understand I must arrive 5-10 minutes early for my appointment in order to get the full session time I have scheduled. If I arrive on time, or late, I understand Balanced Rock Therapeutic Massage can only give me whatever time remains of my appointment and that I will pay for the session that I booked.

_____ I understand that in order for me 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 can be made. I understand that Balanced Rock Therapeutic Massage wants my HONEST feedback - positive or negative - and does not take offense to it.

Confidentiality:

_____ All of the information shared is kept confidential unless a written release is approved and signed by you. Certain legal limits on confidentiality do exist and do not need a release from you:

- ★ If there is convincing evidence that you are in immediate danger to yourself or others; Legal action may be taken for your own protection and that of others.
- ★ If you are involved in a medical emergency.
- ★ Incidents of child abuse or elder abuse, including but not limited to: physical, sexual or neglect must be reported by me to the necessary agencies.
- ★ A court of law may subpoena your records and may order the release of information.

Fees:

_____ Payment is due at the time of the session and is based on our agreed rate and session length. I am not able to provide direct billing to insurance or employers at this time. A \$25 charge will be taken on all returned checks.

Clients Rights and Responsibilities:

_____ You have the right to terminate our therapeutic relationship at any time. You have the right to informed consent. You may ask me about my training, experience, and philosophy at any time. Sexual intimacy between clients and therapist is strictly prohibited. You will be properly draped at all times.

_____ Please make sure your cell phone is turned off prior to entering the session room.

_____ I agree to keep Balanced Rock Therapeutic Massage aware of any changes in my medical history.

As a client of Balanced Rock Therapeutic Massage, I agree to the above stated conditions of my therapeutic agreement.

Signature: _____

Date: _____