

Crossway Massage Therapy/Pamela Rose

Client Information

Client Name: _____ Date: _____

Please be advised of the policies for this office. Your initials and signature below signify acceptance of these policies.

Cancellation Policy

Amid the ongoing uncertainty of COVID-19, I have modified my cancellation policy to offer greater flexibility to all my clients. I hope this will alleviate any stress and hesitation you have about an upcoming appointment. If you need to reschedule for whatever reason, and especially if you are not feeling well, I understand and request for you to please contact me as soon as possible to reschedule. To further support you, there will be no penalties for cancellations at this time. I understand that emergencies and illnesses do happen. **Initials**_____

No Show Policy

If you fail to show up for your scheduled appointment, you are responsible for and agree to pay the full amount for your missed appointment. If you were planning on redeeming a gift certificate and do not show up and do not provide notice, you agree to forfeit your massage certificate. **Exception: If you have a death in the family, you or your child has a medical reason, or some other life altering event, please communicate this with me and the session fee will be waived.** **Initials**_____

Late Policy

If you are late for your appointment, you may not receive a full session since other clients are scheduled throughout the day. You will be charged for the full session; however, I will do my best to run on time and focus on your needs in the amount of time remaining. Please let me know if you have any time constraints that we need to work within. **Initials**_____

Payment Policy

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Payment is due at the time of your service. I do not bill insurance companies at this time however, I can provide a CPT code and receipt of service for you to submit to your health insurance. Acceptable forms of payment are cash, check, and credit cards. Returned checks will be charged a fee of \$25 and no further checks will be accepted. **Initials** _____

Sexual Conduct

Sexual conduct of any kind is not tolerated and will result in immediate termination of the session, and you will be liable for full payment of the scheduled appointment. **Initials** _____

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 these conditions. Medical records will not be edited unless otherwise stated in an exclusive release of medical records signed through your attorney. **Initials** _____

Scope of Practice & Informed Consent

*** Crossway Massage Therapy is a licensed massage and bodywork practitioner within the state of North Carolina. A member of professional organizations such as Associated Bodywork & Massage Professionals, and the National Certification Board for Therapeutic Massage & Bodywork. Massage should not be considered as a replacement for professional medical treatment: a physician should be consulted in all matters relating to health and especially in relation to any symptoms that may require diagnosis or medical attention. In some cases, a primary physician's approval/prescription is required before any bodywork is administered. Massage and bodywork profession is a therapy that provides manual techniques with the intention of positively affecting the health and well-being of every client. Massage therapists cannot diagnose, prescribe medications, make spinal adjustments or treat physical or mental illness but, do provide the basic purpose of relaxation and relief from muscular tension.

You have alerted your therapist to any conditions you have which may affect the work and listed medications and or/herbal supplements that you are taking. You agree to update your practitioner to any changes in your mental health, emotional or physical health and understand that there will be no liability on the practitioners' part if you fail to do so. You understand and have been explained to the benefits, contraindications, procedure and side effects which may occur as a result of massage. *** **Initials** _____

Signature: _____ **Date:** _____

