

Practitioner/Clinic Name: \_\_\_\_\_

## Office Policies

Contact Information: \_\_\_\_\_

### Client Information

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*Please be advised of the policies for this office. Your signature below signifies acceptance of these policies.*

#### COVID-19 Cancellation

Due to the ongoing uncertainty surrounding COVID-19, we have modified our cancellation policy to offer greater flexibility to all our clients. We hope this will alleviate any stress or concerns you have about an upcoming appointment.

If you need to reschedule because of COVID-19, we understand but do request you please contact us as soon as possible to reschedule. To further support you, there will be no penalty for COVID-19 related cancellations at this time.

#### Tardiness

Appointment times are as scheduled and cannot extend beyond the stated time to accommodate late arrivals. Please be on time to your appointment.

#### Sickness

Massage/bodywork is not appropriate care for infectious or contagious illness. Please cancel your appointment as soon as you are aware of an infectious or contagious condition. If you are outside of the 24-hour notice period, the cancellation fee is waived.

#### Cancellation

A minimum 24 hour notice is required to cancel an appointment. You are responsible for paying the missed appointment/late cancellation fees (50% of the scheduled service).

#### Appointments

Once your appointment is scheduled, the time and treatment is for that individual only. The appointment cannot be transferred to another client.

#### Financial Responsibility

Your signature below confirms your financial responsibility for all services regardless of insurance reimbursement.

Signature: \_\_\_\_\_

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

