

Divine Reiki and Massage

Massage Consent for Treatment

I hereby request and consent to massage treatment by Susan Moran, a LMT. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so.

Payment & Cancellation Policy: - UPDATE -

*****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.*****

In an effort to provide you with professional and personalized holistic healthcare, I reserve your appointment time exclusively for you. If you need to cancel or postpone your session, kindly call me at 201-370-7569 at least 24 hours in advance or else you will be charged the full fee for the missed session. Call ahead of time to discuss whether it would be appropriate to receive treatment that day. The charge for a returned check is \$30. I understand that emergencies can arise and illnesses do occur at inopportune times. If you have a fever, a known infection, or have experienced vomiting or diarrhea within 24 hours prior to your appointment time, I request that you cancel your session. Inclement weather may also result in the need for late cancellations. I will do my best to give advanced notice if I am closing or need to cancel due to bad weather or an emergency. Late cancellation due to emergency, illness, or inclement weather will generally not result in any missed session charges, but this is determined on a case-by-case basis. Illness and family emergency are exempt.

Late Arrival Policy:

I request that you arrive 5-10 minutes prior to your appointment time to allow time to fill out any required paperwork as well as answer any intake questions I may have. I understand that issues can arise that may cause you to be late for your appointment. However, I ask that you please call/text me to inform if this ever occurs so I can do my best to accommodate you. Appointment times are reserved for each client, so often times I cannot exceed that reserved time without making the next client late. For this reason, arriving after your appointment time may result in loss of time from your massage so that your session ends at the scheduled time. Full service fees will be charged even when sessions are shortened due to late arrival. In return I will do my best to be on time, and if I am unable to do so, I will add time to your session to make up for our late arrival or adjust the service charge accordingly.

Inappropriate Behavior Policy: Massage therapy is for relaxation and therapeutic purposes only. There is absolutely no sexual component to massage whatsoever. Any insinuation, joke, gesture, conversation, or request otherwise will result in immediate termination of your session and a refusal of any and all services in the future. You will be charged the full service fee regardless of the length of your session. Depending on the behavior exhibited I may also file a report with the local authorities if necessary. You should always treat your therapist with respect and dignity and you will be treated the same in return.

Privacy Notice: I understand that all of my records will be kept confidential and will not be released without my written consent. I understand that I have the right to request restrictions on certain uses and disclosures of my health information. No information about any client will be discussed or shared with any third party without written consent of the client or parent/guardian if the client is under 18.

By signing below, you agree to abide by these policies:

Client/Parent/Guardian _____

Signature _____

Print Name _____

Date _____

