**Fusion Massage Therapy, LLC**

Christine S. Gordon, LMT, NMT MA 53308

**Policies/Client Responsibilities**

***As health care practitioners regulated by the Department of Health, massage therapists take pride in our profession. Please read the following policies and client responsibilities carefully. All items have been created to protect the integrity of your massage experience.***

**Please initial next to each item and sign/date at the bottom of the page.**

\_\_\_\_\_ Client is responsible for arriving on time. Time missed due to late arrival may be deducted from session in order to keep therapist on schedule with subsequent clients. Full session fee will be due.

\_\_\_\_\_ Services are paid for at the time they are provided or in advance. Acceptable forms of payment are cash, personal check (in state only), MC, Visa, Discover or AMEX.

\_\_\_\_\_ Discounted services such as package deals or holiday specials are good for one year from date of purchase. After said time, purchase price will be converted to cash credit to be applied toward regularly priced services.

\_\_\_\_\_ Client will do his/her best to provide adequate notice (12-24 hours) to therapist when rescheduling appointments. Appointments cancelled without adequate notice prevent therapist from seeing other clients at that time and are, therefore, subject to full session fee.

\_\_\_\_\_ Client will be properly draped at all times during the massage session.

\_\_\_\_\_ This is a health care practice: sexual innuendo or inferences will not be tolerated and could result in early termination of session. Client responsible for full session fee.

\_\_\_\_\_ I understand my HIPAA privacy rights and will be given a copy of said ***HIPAA Notice of Privacy Practices*** upon request.

***By signing below, I acknowledge that I have read and agree to the above policies and responsibilities.***

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Client Name (Print) Date

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Client Signature