**Fusion Massage Therapy, LLC** MM40512

**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. Appointment times are pre-scheduled and cannot be extended due to late arrivals. Time missed due to late arrival may be deducted from session and full session fee for originally scheduled appointment time will remain due.

\_\_\_\_\_ 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 unless said cancellation is related to an emergency or health as explained below\*.

**\*Amid the ongoing uncertainty of COVID-19, our cancellation policy has been modified to alleviate any hesitation or stress related to rescheduling an appointment if you or anyone in your household is not feeling well, has a fever, cough, sore throat, or any other symptoms potentially indicative of an infectious or contagious condition. Please reschedule your appointment as soon as you are aware such symptoms or conditions. There will be no cancellation fee under these circumstances.**

**\_\_\_\_\_\_** Client will adhere to all intake and safety protocols of this office for each scheduled appointment including, but not limited to, having his/her temperature taken upon arrival, completing the COVID-19 questionnaire, washing/sanitizing hands, and wearing protective face mask.

\_\_\_\_\_ Client (or his/her guardian) is responsible for payment of services and may do so in advance of appointment or at time of service. Acceptable forms of payment are cash, personal check (in state only), MC, Visa, Discover or AMEX.

\_\_\_\_\_ 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 policiesrevised2020.docx