#### **Policies and Procedures**

\*\*The following are policies and procedures of Healing Kneads Massage Therapy, if you agree to abide by the policy and procedures, please sign and date the Terms of Acknowledgement. \*\*

# **General Policies**

# **Scope of Practice**

Massage is not a replacement for professional medical care. Massage therapy is intended to promote relaxation, reduce stress, and help to alleviate localized muscular tension. Massage therapists are not able to diagnose, prescribe for or treat any medical conditions and are not capable of providing medical advice. All medical questions should be directed to your primary care provider.

#### Confidentiality

All Client information will be kept in a secure environment. Any disclosure requested may be provided if a disclosure agreement is signed by the client.

#### **Office Hours**

```
Sunday – Closed

Monday – 10a - 4p

Tuesday – 10a - 7p

Wednesday – Closed

Thursday – 10a - 7p

Friday – Selective

Saturday – Selective
```

## **Holiday Closings**

Easter, Memorial Day, 4<sup>th</sup> of July, Labor Day, Thanksgiving, Day after Thanksgiving, Christmas Eve, Christmas Day, New Years Eve, and New Years Day.

## **Financial Policies**

Services Offered (\*Fees are charged by the time slot scheduled for your service requested\*)

```
30, 60, 90 minutes

Chair Massage (25 minutes)
```

## **Payment Due**

Payments are rendered during time of service. Methods are by cash, check or card. \*There will be a \$30 service charge for bounced check\*

## **Pricing and Fees**

```
25 minutes - $30 (Chair only)
30 minutes - $40
60 minutes - $70
90 minutes - $100
```

## **Client Behavior Policies**

### Cancellation / Rescheduling

Healing Kneads Massage Therapy observes a 24-hour cancellation/reschedule policy. If you do not cancel within the 24 hours there you will be charged 50% of your scheduled service. This is a common industry practice and can be done through calling my office at 304-359-6949 or cancelling your appointment online at <a href="https://www.wvmassageclinic.com">www.wvmassageclinic.com</a>

#### **No-Show or Missed Appointments**

If the client does not call the office at all and does not show up for their scheduled appointment time that will be considered a "No-Show". You will be invoiced the full amount of your service for the first offense of a "No-Show". If you do have a no show, all of your future appointments will be removed. You will not be allowed to schedule any future appointments until the "No-Show" appointment has been paid in full.

#### **Late Arrival**

Massage sessions will begin and end promptly at the scheduled times that the client has paid for. If the client shows up late for their appointment the time WILL BE DEDUCTED from their purchased session for that day.

#### Scheduling

Please understand and respect the fact that as a Massage Therapist, we must stay on track with our time to accommodate all the clients that are scheduled for the day. If something occurs in which the client thinks they will be late, please refer to the Cancellation / Rescheduling Procedures. If you need to speak with me please call me at 304-359-6949. DO NOT come and knock on the door as I may be assisting another client.

# **Clinic Policies**

All private areas of the body, male or female will remain covered at all times.

You as the client, have the right to unclothed to your comfort level, however if there are areas that you would like me to focus on may be harder to access if the area is draped.

Please observe good personal hygiene practices and arrive to your appointment as fresh as possible. There are no shower facilities.

Do not wear scents such as perfume or cologne as these can be irritating to fellow clients.

Abstain from using drugs or alcohol prior to your session as these are contraindicated for massage (massage should NOT be performed).

Please mute all cellphones and personal electronic devices.

Clients are responsible for all personal belongings; Healing Kneads Massage Therapy assumes no liability for missing items.

If you are aware of a health condition that would require a physician's release, please access that form and have it filled out by your doctor and bring it with you on your first visit.

Please fill out the health history intake form thoroughly upon arriving as some medical conditions may be exacerbated by massage therapy. \*\*Please note, we observe strict confidentiality of all client health information\*\*

The massage services offered at Healing Kneads Massage Therapy are strictly for therapeutic purposes. Any overtly sexual behavior, advances, or comments will result in an immediate termination of the session, a full charge for the session regardless of completion, and possible be denied from scheduling any future therapeutic sessions and legal action if appropriate.

I reserve the right to refuse service to any customer for violating any of these policies or for any other reason deemed appropriate.

Thank you,

# Terms of Acknowledgement

By signing this form, you are acknowledging that y Healing Kneads Massage Therapy.	ou have received a copy o	f and agree to adhere to the Polic	cies and Procedures of
			_
Client Signature		Date	
Alicia Markwood	_	Date	_
Licensed Massage Therapist			
Owner of Healing Kneads Massage Therapy			