

SANS SOUCI MASSAGE POLICIES

What to Expect from a Massage Session:

When you arrive you will be required to fill out a short client history form. The questions will cover the reason for your visit and your current health history. You may receive a full body massage or if preferred the massage may be limited to a specific body area. The actual massage is performed on bare skin; however you need only remove the amount of clothing that is comfortable to you. After you have positioned yourself under the sheet on the massage table your massage will begin. All body areas not being worked on will remain fully draped and your modesty will be respected at all times. You determine the amount of pressure used by the therapist. Please feel free to express any discomfort or concerns you may have during the massage session. Each massage session will be acclimated to your wants and needs. Conversation during the massage is a personal decision; you may remain silent or talk. The therapist will only ask questions of you as needed.

Length of Appointment:

You should determine the length of the time needed for a massage. Your therapist may make suggestions regarding the length of future appointments but ultimately it is your decision. We ask that you come at least 15 minutes before your first scheduled appointment so that you have time to fill out the client history form or if this is a follow up visit 5 minutes before your scheduled time so that we can go over any changes since your last visit.

Payment Options: Cash, personal checks, Visa, MasterCard, or Discover. Checks that are returned "insufficient funds" will have a \$20 handling charge and no more checks will be accepted from that client.

Discounts: Referral Bonus: refer a friend and once they come in for their appointment (they need to tell the therapist who referred them) you will get \$10 credit for the next time you come in!

Gift Certificates: Expire 6 months from date issued.

Scope of Practice:

The services received from our therapists are designed to be an aid and are in no way to take the place of a doctor's care. Information exchanged during a session is educational in nature and is intended to help the client become more familiar and conscious of his/her own health and is to be used at the clients own discretion. Massage therapists are not qualified to perform spinal/skeletal adjustments, diagnose, prescribe or treat physical or mental disease/illness. Massage therapy is intended to assist your body heal itself and help guide you back into your own well-being. Nothing said in the course of the session should be construed as such. It is the client's responsibility to keep the therapist updated on all known medical conditions.

Etiquette:

Late clients: If there is 30 minutes left of the scheduled session the client will be seen for the remainder of the session. If there is less than 30 minutes left of the scheduled session the client will not be seen. The client will be liable to pay for the full session in either case.*

No shows: Client will be expected to pay for the full session.*

Cancellations: We require a 24-hour notice of cancellation. If this is not done the client is expected to pay for the full session.*

Hygiene: Clients are expected to be clean, having showered the same day as the session. If a client comes in and is not clean, we reserve the right to refuse treatment.

Diet: Eating prior to the session is not recommended. It is recommended to not eat within 1 hour of the session time and if you must eat, it should be a light snack.

Alcohol/Drugs: If a client comes in for a session in an altered state (i.e. under the influence of alcohol or drugs), we reserve the right to refuse treatment.

Sexual Activity: Sexual inappropriateness is not tolerated and we reserve the right to stop the session at any time that we feel uncomfortable. The client will be required to pay for the full session and will not be able to reschedule another appointment with our place of business.

Agreement: I have read Sans Souci Massage's policies and have had any questions about them answered. My signature indicates my understanding and agreement to the policies stated above.

Signature _____ Date _____

*If extenuating circumstances the therapist may use his/her own discretion.