



<https://bearshearttherapeuticmassagell.godaddysites.com/>
608-359-9176 bearshearttherapeuticmassage@gmail.com

PATIENT POLICIES

1. PATIENT POLICY: MASSAEG THERAPIST-PATIENT AGREEMENT

The purpose of these agreements is to allow us to more completely serve you and to get the best results in the shortest amount of time. It is our experience that those patients who adhere to the following agreements get the best results. Please mark your initials next to each policy as you finish reading it:

2. PATIENT POLICY: OFFICE ETIQUETTE

- 1) We ask that you keep your voice low during treatment hours to avoid disturbing other patients. _____
- 2) The use of electronic devices is not allowed during the massage session, please silence or turn off electronic devices prior to the start of your massage _____

3. PATIENT POLICY: CLOTHING

The client may choose to leave on as much clothing as needed for their comfort. The client will always be modestly draped. Only the area being massaged will be undraped. _____

4. PATIENT POLICY: NO-WAIT CLINIC PROCEDURES

- 1) Please arrive 5 – 10 minutes before your designated appointment time (for example, if you have an appointment at 1:00, arrive between 12:50 and 12:55 so you can be ready at your scheduled time). Missed time due to your tardiness will **not** be made up during the massage and you will be billed for the entire length of the scheduled massage. _____
- 2) Take yourself to the treatment room assigned to you. _____
- 3) Undress to your comfort level and lie-down on the table, face up or down, as instructed when you initially entered care, under the sheets and/or blanket. _____
- 4) To hold your preferred treatment time, we request that all appointments be made in advance. This will save you and the office time and eliminate waiting. _____

5. PATIENT POLICY: PAYMENT OF BILLS

- 1) I, the patient, understand that I will be charged a \$30 late fee for each default in which payment is rejected for any reason. This is to include credit/debit cards and/or checks. _____
- 2) Payment is due at the time of the massage appointment. _____

3.) I, the patient, understand that the following forms of payment are accepted by the office: cash, check, gift certificates, credit/debit cards (including Health Savings Accounts) via *Square Reader*®, and *Venmo*®. _____

4.) I, the patient, understand that it is the office's policy ***not*** to issue a refund for any reason.

6. PATIENT POLICY: MISSING OR CHANGING APPOINTMENTS

We have set up a specific course of treatment for you. A certain number of treatments in a set amount of time are required for us to get the results we both desire. Thus, we ask that you follow the guidelines below:

- 1) If you need to change the time of your appointment, plan to come at another time on the same day. _____
- 2) If the same day is not possible, be sure to make up the missed appointment on your make-up day. _____
- 3) If you miss/cancel an appointment without a minimum of a 24-hour notice, your account will be charged a fee equal to that of the service you missed. _____
- 4) Clients who are more than 15 minutes late must reschedule their massage. _____
- 5) While last minute cancellations do occur, excessive cancellations or no-shows will not be tolerated. If a patient is a no-show or last-minute cancel for 3 appointments, they will not be welcomed back by the massage therapist. _____

7. PATIENT POLICY: MASSAGE THERAPY AND ACCESSORY TECHNIQUES HEALING REACTION

During your process of becoming well, there will be significant changes – known as healing reactions – in your body's function. This may include an exacerbation of previous or existing conditions or an arrival of new symptoms. These situations need to be addressed; you are responsible for immediately informing the office of such changes in your health, so that the massage therapist can handle such changes accordingly. _____

8. PATIENT POLICY: EXISTING AND NEW MEDICAL CONDITIONS

- 1) It is the responsibility of the patient to keep the massage therapist informed of any medical treatment currently being taken, and to provide written permission from the physician, acupuncturist, chiropractor, physical therapist, etc., that the massage may be continued. _____
- 2) The patient must also keep the massage therapist informed of any changes in health conditions and/or if the patient is or is becoming sick (i.e. cold, flu, fever, etc.). _____
- 3) For patient safety, it is against massage industry policy to treat anyone who has a blood clot.

- 4) For patient safety, it is against the massage industry policy to treat anyone who has had any form of surgery, or to massage any woman who has delivered a baby, during the initial 6 weeks post-surgery or post-delivery because clients are high risk for blood clots at this time. _____
- 5) Woman who are in their first trimester of pregnancy or who have a high-risk pregnancy require medical clearance with written proof from their doctor prior to scheduling a massage because they are at a higher risk of miscarrying after a massage. _____

9. PATIENT POLICY: UPSETS

- 1) We are here to serve you. Please speak with your massage therapist about any upsetting matter. We see your comments as helping us to help you and others. _____

2) During the massage, if you are unsatisfied with the amount of pressure being used (i.e. too much pressure or not enough pressure), please tell the massage therapist immediately so that they can adjust the pressure during your massage. _____

10. PATIENT POLICY: PROFESSIONAL BOUNDRIES

- 1) Requests for sexual activity will not be tolerated, will be viewed as solicitation, and reported to the proper authorities under the guidelines of the massage therapy policies and procedures. The patient will **not** be rescheduled if this occurs. _____
- 2) Sexual harassment will **not** be tolerated! Doing so will immediately end your massage service, have the police called on you, you will be permanently banned from the establishment, and you will not receive a financial reimbursement. _____
- 3) The breasts and genital area will **not** be massaged under **any** circumstances! Permission will be asked before working close to these areas; otherwise, a professional distance will be maintained. Also, low back, hip, and gluteal area will be massaged only with permission and can be worked through the draping if requested. _____
- 4) Sexual interaction or discussion of any kind between the client and the massage therapist is **never** appropriate! On rare occasions, an involuntary sensual response to massage is natural and will subside on its own in a few moments. _____
- 5) Clinic policy and State law forbids the clinic from giving out a massage therapists personal phone number, email address, and/or social media contact information to any client. _____

11. PATIENT POLICY: CONFIDENTIALITY AND CONVERSION

- 1) The discussion between the massage therapist and the client is confidential. The client may or may not choose to talk during the massage. _____
- 2) We are happy to listen to your conversation and share our professional expertise. We prefer to not discuss topics of a political, private, or sexual nature. _____
- 3) Client records are kept secure and confidential. (see privacy policy below) _____

12. PATIENT POLICY: UNDER THE INFLUENCE

It is against office policy to treat anyone who is under the influence of alcohol or illegal substances, including marijuana/THC. Clients who arrive under the influence of alcohol or illegal substances will have their appointment canceled immediately with no financial reimbursement. _____

13. PATIENT POLICY: GRATUITY

Although gratuity is not expected it is always greatly appreciated. You may give tips directly to your massage therapist or add it secretly on your credit card during discharge.

I have read the above and I understand and accept these policies.

Patient Signature

Date

Privacy Policy

Your massage therapy records are kept in the strictest confidence by this clinic. All client records are kept in a secure place, and only those who need to see a client's file for legitimate business or professional purposes have access to them. Your records will not be released to third parties, including health care

providers and insurance companies, without your written consent. Records may be surrendered if required by law.

This clinic follows the Code of Ethics and Standards of Practice of the American Massage Therapy Association (www.amtamassage.com)