



# Blissful Massage Therapy LLC

## Office Policy

Thank you for choosing Blissful Massage Therapy with Natalie Dingledine. My intention is to assist your body in healing, freeing itself of pain and discomfort of everyday activities. In order to provide you with the best service possible, please read and adhere to these policies below:

- ❖ Please allow at least 24 hours advanced notice if you need to reschedule or cancel. Cancellations in less than 24 hours result in a \$35 cancellation fee, and within 4 hours and “no shows” will be responsible for the full value of the scheduled appointment.
- ❖ Acceptable forms of payment are Cash, Check (after the first appointment), Visa, MasterCard, Discover and American Express. Payment is due once services have been rendered. Be ready to provide a valid Driver’s License for identification. Returned checks are subject to a \$25 fee.
- ❖ Please arrive 5 to 10 minutes early to use the restroom and ensure adequate time for us to discuss any changes in your health or medical status.
- ❖ If you are feeling potentially ill, feverish, suffering from sunburn, severe burns, poison ivy, or any other form of widespread skin rash/irritation, please refrain from booking a session or call to reschedule your appointment.
- ❖ Massage/Reflexology/CranioSacral Therapy (CST) treatments are healing aids to boost your body's own natural homeostasis. These treatments are not designed to replace or to be used instead of necessary medical care. Any information or materials given are intended to raise consciousness of a healthy lifestyle, not as medical advice. All notes taken and discussions between therapist and client are confidential.
- ❖ I provide only non-sexual, professional therapeutic massage and bodywork. Any act of sexual misconduct or harassment on your part will immediately terminate the session and full payment will be due.
- ❖ By signing below, you acknowledge that the information provided on the following Client Intake Form is accurate and to the best of your knowledge. In addition, when revisiting the office you promise to provide details of any changes to your health since your last visit.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_