

## Natural Touch Massage Policies

### Privacy

- ✎ The information gathered is strictly confidential. It is intended to assist the therapist in assessing the best treatment for your situation including contraindications to treatment and to track your progress.
- ✎ The information may be shared with other professionals (ie: physiotherapist, medical practitioners, etc.) as required. The information may also be disclosed to insurance providers and as required by law.
- ✎ Written consent to release the records to the concerned parties shall be obtained.
- ✎ These records will not be used for any commercial purposes other than those of normal business operations. The information will be used to contact you with normal business procedures such as: appointment reminders, billing, offers, etc.

### Payment

- ✎ In order to make appointments available for all my clients, **no less than 24 hours notice** is required to cancel an appointment or make changes to a pre-existing appointment. In the event of a missed appointment, without proper notice, **the full appointment fee** will be charged.
- ✎ Arriving late may result in not receiving the full allotted time. Full charge will still apply.
- ✎ Payment is due at the time of treatment. You are solely responsible to deal with your insurance provider for any reimbursements.
- ✎ There is a fee for all cheques returned NSF.

### Waiver

- ✎ I assume all risks and responsibility from any injury or liability that may occur as a result of this/these session(s). I understand that massage is offered for therapeutic and/or relaxation purposes.
- ✎ I have stated **ALL** known medical conditions and will update the massage therapist of any changes in my health status. I agree to immediately inform the therapist if I experience any pain or discomfort so that the therapist can adjust the pressure/technique to my level of comfort and well being.
- ✎ I am aware that the massage therapist cannot diagnose, prescribe, or provide counselling.
- ✎ I consent to the massage therapy treatment offered or recommended to me by my massage therapist. I intend this consent to all my present and future massages.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_