

Client Policies and Agreement Statement - True North Massage LLC

Please read the following statement carefully, **initial** each item, then sign and date at the bottom:

- All the information given on my intake form is correct and up to date. I take responsibility to update any pertinent information during future visits. ___
- I understand that the therapist does not diagnose, treat, or prescribe for any illness, ailment or disease, nor do spinal manipulation. Massage is not a substitute for medical examinations and/or diagnosis, and I should see a physician for any physical ailments. ___
- I am aware that this is a non-sexual massage. Any misconduct or inappropriate behavior in that arena will result in immediate termination of the massage with full payment due. ___
- I understand that for my own safety, as well as the safety of my therapist, it is unacceptable to receive bodywork while under the influence of alcohol or illicit drugs of any kind. ___
- I understand that I am in control of my session; I will feel free to comment on my comfort or discomfort regarding pressure, technique, or area. I can stop at any time during the session. ___
- I understand that I will be fully covered with a sheet or blanket (known as a “drape”) at all times and only the body part being worked on will be uncovered. ___
- I understand that 24 hours notice of cancellation is required. For my first late cancellation or missed appointment, I will be responsible for 50% of the session fee, and 100% thereafter. ___
- I take responsibility for my personal belongings. ___
- If I am going to be late for an appointment, I agree to call or text as soon as possible and understand that my time may be shortened as a result. ___
- By paying for my session at the time of service, I qualify for a time-of-service discount. ___
- It is my responsibility to pay for all services provided. In the event that my insurance company denies payment or makes a partial payment, I am responsible for the balance. ___
- I authorize release of any medical or other information necessary to process an insurance claim and authorize payment of said benefits to True North Massage. ___
- I am aware that the True North Massage privacy policies are available for review online and that paper copies are available on request. ___

Client Signature _____

Date _____