TRUE NORTH MASSAGE

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Massage Policies

Please read the following statement carefully. Initial each item, then sign and date at the bottom.

- I take responsibility to update any pertinent health or contact information during future visits. I take responsibility for my personal belongings. ___

- I understand that the therapist does not diagnose, treat, or prescribe for any illness, ailment or disease, nor do spinal adjustments. Massage is not a substitute for medical examinations and/or diagnosis, and I should see a physician if needed. ___

- I am aware that this is a non-sexual massage. Any misconduct or inappropriate behavior will result in immediate termination of the massage with full payment due. I understand that I will be fully covered with a sheet (known as a "drape") at all times and only the body part being worked on will be uncovered. ___

- I understand that I am in control of my session and can stop at any time; I will comment on my comfort or discomfort regarding pressure, technique, or area. I understand that for my own safety and my therapist's, it is unacceptable to receive bodywork while under the influence of alcohol or illicit drugs. ___

- If I running late for an appointment, I agree to call as soon as possible; I understand that my time may be shortened as a result. I understand that 24 hours notice of cancellation is required. For a late cancellation or missed appointment, I will be responsible for a **$30 fee**. ___

- 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. By paying for my session at the time of service, I qualify for a time-of-service discount. ___

- I acknowledge that I received this office's Notice of Privacy Practices, which describes my privacy rights and how my health information may be used or disclosed. ___

- The areas I feel **comfortable** receiving massage include:

Scalp	Abdomen	Thighs	Neck
Face	Arms	Lower Legs	Back
Upper Chest	Hands	Feet	Glutes

Client Signature_____ Date_____