

Freedom Chiropractic Health Center – Massage Policies and Procedures

This practice revolves around client-centered care. As the client you have the right to alter or end the session at any time. As your provider I also reserve the right to make changes to or stop the session at any time.

Your body will be covered at all times except for the area on which I am working. As the provider, it is my goal to keep you safe and secure at all times. As the patient it is your job to let me, the provider, know of any way in which I can make you feel more comfortable.

Any and all contraindications for massage or bodywork are to be communicated prior to any treatment rendered. If you're unsure about any pathological contraindications, please request a complete list of contraindicated pathologies from your provider.

Your trust is important; any and all information you give will be held in confidence and protected by HIPPA. In order to share pertinent information regarding your care with family members you must sign a medical information release authorization disclosing the names of the individuals with whom you'd like the information shared.

Intake and exit communications are included in the scheduled treatment time, if you feel that you need more intake time with your provider; please indicate so with your provider before scheduling your next appointment to make necessary accommodations.

All transactions are final; there will be no refunds given for services rendered.

Cancellation policy:

I ask that you give 24 hour notice in the event you cannot make it to your appointment. The first time you give less than 24 hour notice, payment will be required at the time you schedule your next appointment. If you give less than 24 hour notice two or more times you will be charged the full amount of your appointment with no refund.

Late policy:

If you are late to your appointment you will still be charged the full amount of the scheduled appointment and the treatment will end on time.

Payment:

I gladly accept cash, credit or check. There is a \$30 fee for a returned check. To set up reoccurring payments, please see your provider or administrative staff to do so.

Fees:

½ hour massage: \$35

1 hour massage: \$65

1 ½ hour massage: \$95

I have read and understand the above policies,

Client: _____
(Print full name)

(Signature)

(Date)

*By signing above I hereby agree to all policies and procedures.