



## Office Policies:

We understand that unanticipated events happen occasionally in everyone's life. In our desire to be effective and fair to all of our clients and out of consideration for our therapists' time, we have adopted the following policies:

- **24 hour advanced notice is required** when cancelling an appointment. This allows the opportunity for someone else to schedule an appointment.
- If you are unable to give us 24 hours advanced notice you will be charged the **full amount** of your appointment. This amount **must be paid prior to your next scheduled appointment**. In the event that you come down with a **contagious infection or illness please cancel your appointment** as soon as you are aware. If it is within the **24-hour notice period, the cancellation fee may be waived**.

### **No-shows**

- Anyone who either forgets or consciously chooses to forgo their appointment for whatever reason will be considered a "no show". They will be charged for their "missed" appointment and future services will be denied until payment is made.

### **Arriving late**

- Appointment times have been arranged specifically for you. If you arrive late your session may be shortened in order to accommodate others whose appointments follow yours. Depending upon how late you arrive, your therapist will then determine if there is enough time remaining to start a treatment. Regardless of the length of the treatment actually given, **you will be responsible for the "full" session**.

### **Financial Responsibility**

- Payment is expected at the time of service. **To assure payment in a timely manner you will be required to provide a major credit card to keep on file before booking your first appointment and to assure the respect of our cancellation policy**. Your credit card will not be billed until you are notified by e-mail reminding you of our office policies.

*We thank you in advance for your understanding and for respecting and valuing our therapist time.*

### **Billing information:**

Name on card: \_\_\_\_\_ Type: Visa Mastercard Discover American Express  
 Credit card number: \_\_\_\_\_ Expiration date: \_\_\_\_\_ CCV: \_\_\_\_\_  
 Zip code: \_\_\_\_\_

***Your signature below authorizes and directs payment to the therapist for services provided.***

### **Modesty concerns**

- It is never required that you are unclothed in front of anyone during your treatment. The therapist will leave the room while you undress and get under the sheets/blankets on the massage table and will ensure your modesty by keeping you covered at all times except the areas of the body being treated. Your therapist will also leave the room after your session while you get dressed and collect your things. Some treatments are done fully clothed such as, Craniosacral Therapy and Reiki unless being combined with other massage techniques.

Your signatures on this agreement indicate full understanding and agree to uphold the policies and procedures provided by Trinity Wellness Center LLC.

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

Parent/Guardian Signature (if client is a minor) \_\_\_\_\_ Date: \_\_\_\_\_