



My Requirements of Clients:

1. I respect my time and the time of others. Please leave sufficient travel time to arrive on time for your scheduled appointment. I do not start my next client's treatment later because the previous client arrived late for their scheduled time. Sessions begun late due to the client arriving late are still full price. *Please see "Important Notice on Pricing" located on the "Pricing" page of our website for additional clarification of fees.* If you are more than 10 minutes late for your appointment you will need to be rescheduled.
2. Adults who do not require physical assistance during their treatment from a caregiver are asked to come alone to their treatment to afford maximum privacy for the individual being treated. **Clients with young children who need their parents' attention while the parent is being treated should not bring their children to their appointment unless the child/children will also be treated at that same time.**
3. Be clean, having showered the same day as your treatment.
4. Do not come to your appointment if you are ill and contagious. Please call ahead to advise that you will need to reschedule.
5. If cancellation is necessary, please give 24-hour notice or **you will be charged for the appointment.** Emergency cancellations are determined at the therapist's discretion.
6. **Clients who miss their first appointment without prior notice of cancellation (see Requirement #5 above) or miss two (2) follow up appointments without giving prior notice of cancellation will not be given future appointments. Non-emergency cancellations less than 24 hours before scheduled appointments must be paid for before a future appointment will be scheduled.**
7. Be present (not under the influence of alcohol or drugs, etc.)
8. Clients must provide a health history and update when there have been any significant events/changes related to a client's health.
9. Payment is required at time of service.
10. Sexual harassment is not tolerated. If the practitioner's safety feels compromised, the session is stopped immediately.
11. This office is a non-smoking environment.

What clients can expect of me:

1. Clients are treated with respect and dignity. Privacy and confidentiality are maintained at all times.

2. I provide my clients with a competent and professional session each time they come for an appointment, addressing the client's specific needs for that session.
3. I perform services for which I am qualified and able (physically and emotionally) to do, and I refer clients to appropriate specialists when work is not within my scope of practice and/or not in the client's best interest.
4. **I charge a fair price for my services.**
5. **This office does not accept any medical plans or medical insurance. I do not accept clients with workmen's compensation cases, accident victims involved in litigation or who have an open insurance claim or who expect to submit statements to an insurance company for reimbursement for treatment related to an accident.**
6. Payment is due at the time of service. **I do not provide direct billing for insurance.** I do not accept checks from insurance companies. I accept cash, personal checks and credit cards (Visa/MC/Discover/American Express). Checks for insufficient funds are charged a \$30 fee, in addition to whatever charges are issued by a client's financial institution. A statement showing payment will be sent or given to the client.
7. **This office does not fill out forms, write letters, or write reports to insurance companies or personal injury attorneys. This is not negotiable; I make no exceptions. I suggest that you do not anticipate being reimbursed by your insurance company. I only release client records to the client.**
8. I stay current with information and techniques by studying, and by completing at least two workshops per year.
9. Clients are clothed at all times during the session. The genitals are never exposed or treated in any way.
10. I only cancel appointments in case of an emergency. Should I need to cancel an appointment, I give as much notice as possible.
11. My equipment and supplies are clean and safe.

By making an appointment you are accepting the rules and conditions of this office.

I have read, understand, and agree to abide by these policies.

Signature

Date

Printed Name

Rev. 070417