

## **Cancellation Policy**

I understand that unanticipated events happen occasionally in everyone's life. When you book an appointment that time is reserved for you. Missed appointments are costly in lost time and revenue, and it prevents me from providing services to other clients. In my desire to be effective and fair to all clients, the following policies are honored:

### **Cancellations**

24 hour advance notice is required when canceling an appointment. This allows the opportunity for someone else to schedule an appointment. If you are unable to give 24 hours advance notice you will be charged the full amount of your appointment. This amount will be billed to you and must be paid prior to your next scheduled appointment.

### **No-shows**

Anyone who either forgets or consciously chooses to forgo their appointment for whatever reason will be considered a "no-show" and will be charged for their "missed" appointment. This amount will be billed to you and must be paid prior to your next scheduled appointment.

### **Late Arrivals**

If you are not ready or not available for your massage upon my arrival (on-site or in-office), your session may be shortened in order to accommodate others whose appointments follow yours. I will 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. Out of respect and consideration to me and my other clients, please plan accordingly, be ready and on time.

### **Payment**

Full payment is expected before or after treatment. All clients, whether they have received treatment or booked an appointment are bound by this policy without any prejudice or exemption.

### **Inappropriate Behavior**

Sexual misconduct is forbidden. Any illicit or sexually aggressive remarks, advances or gestures will result in the immediate termination of the session and the client will be liable for full payment of the scheduled appointment. Client will not be allowed to schedule any future sessions.

Client Name \_\_\_\_\_ Date \_\_\_\_\_

Therapist Name \_\_\_\_\_ Date \_\_\_\_\_