



•Healing Melody Therapeutic Massage•

## Policies and Procedures

It is my intention to provide my clients with a **professional and therapeutic** massage customized to your individual needs and goals. The following policies serve to protect you the client and myself as the therapist to ensure a safe and comfortable environment for all.

**TIMING OF SESSIONS** First time clients, please arrive for your appointment **15 minutes** prior to the scheduled starting time. This allows you time to fill out the appropriate client forms. In general, arriving a few minute early will give all clients time to check in, use the rest room and have a short intake with me before you change and prepare for the session. If late arrival is unavoidable, please call and let me know as soon as possible that you will be running late. Please be aware that your session may be shortened in order to keep on schedule and original scheduled treatment time will be charged.

**CANCELLATIONS** Please provide at least **24 hours' notice** if you need to reschedule or cancel an appointment. This gives me enough time to attempt to fill the slot. If a client fails to cancel within 24 hours more than once, that client will be asked to pre-pay for future services.

**NO SHOWS** Clients who fail to show for appointments may be asked to pre-pay for future services prior to booking future appointments.

**INFORMED CONSENT** Prior to each massage session, the treatment plan will be discussed with you and you may be asked to give written or verbal consent for me to work certain areas such as face, feet, scalp, gluteal muscles, pectoral muscles and abdomen.

**SCOPE OF PRACTICE** Massage Therapists do not diagnose or prescribe for medical conditions nor are they allowed to provide treatment for a specific condition without a doctor's supervision. The massage therapist is required to refer you for diagnosis and to follow recommendations of your physician. Certain conditions may be contraindicated for massage which is why it is important for the client to fill out an initial health history and keep the therapist informed of any changes in their health or existing conditions.

**RESPECT FOR CLIENT BOUNDARIES** I am happy to adjust pressure, temperature, musical volume, or work longer on an area or move on if you request it. You as the client may choose to leave on as much clothing as needed for comfort, refuse any massage methods, stop the massage at any time and are free to leave; the therapy door is never locked. You will be modestly draped-only the area being massaged will be undraped. Breast tissue and genitals will not be massaged under any circumstances. Permission will be asked before working close to these areas; otherwise, a professional distance will be maintained. Also, low back, hip & gluteal areas will be massaged only with permission (see informed consent above) and can be worked through the draping if requested.

**INAPPROPRIATE BEHAVIORS** Requests for sexual activity will not be tolerated. If I the therapist feel threatened or uncomfortable in any way the session will be ended immediately and the client will be asked to get dressed and leave. Full payment will still be required for the session and the activity may be reported to the proper authorities.

**CONFIDENTIALITY & CONVERSATION** The discussion between the massage therapist and the client is confidential. The client may or may not choose to talk during the massage.

**EXISTING & NEW MEDICAL CONDITIONS** It is the responsibility of the client to keep the massage therapist informed of any medical treatment currently being taken, and to provide written permission from the physician, chiropractor, physical therapist, etc., that the massage may be continued. The client must also keep the massage therapist informed of any changes in health conditions.

**CELL PHONES & ELECTRONIC DEVICES** The massage session should be as free from outside distraction as possible to create a tranquil and relaxing environment for you and others. Remember to turn off or mute your devices prior to your session.

**I have read/understand Healing Melody Therapeutic Massages' Policies & Procedures and I agree to abide by them.**

Name: \_\_\_\_\_

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