

## Welcome to Pure Form Healing Arts!

We are 100% committed to your satisfaction.

Please read, initial, and sign each policy to ensure you have a GREAT experience with us.

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

### CANCELLATIONS/RESCHEDULING:

- ★ If I am not able to make a scheduled appointment, I agree to cancel or reschedule the appointment **at least** 24 hours in advance. I agree to pay \$35 or 50% of the full session rate (whichever is greater) if I give *less than 24 hours* notice. \_\_\_\_\_
- ★ I agree to pay the full session rate if I give *2 hrs notice or less*, or if I miss an appointment without giving notice. \_\_\_\_\_
- ★ If, within 24 hours of my session, I develop a contagious illness, or have a sudden, unplanned health or personal emergency rendering me unable to make my appointment, I will inform Pure Form Healing Arts right away, and if they are unable to fill my vacancy, I will pay the cancellation fee, or session fee (if less than 2 hours notice), unless an exception is granted, only at the discretion of Pure Form Healing Arts. \_\_\_\_\_
- ★ *Pregnant Clients: If I go into labor* within 24 hours of an appointment I agree to notify Pure Form Healing Arts and they will waive the cancellation fee. If I go into labor and do not notify Pure Form Healing Arts, and I miss my appointment, I agree to pay the full session rate. \_\_\_\_\_
- ★ I understand that I am still responsible for my appointment *until I hear back from a staff member confirming they received my email or phone call* requesting cancellation/rescheduling. \_\_\_\_\_

### ARRIVING ON TIME/SESSION LENGTH:

- ★ I understand I must arrive 10-15 minutes *early* for any appointment in order to get the full session time I have scheduled. If I arrive on time, or late, I understand the therapist can only give me whatever time *remains* of my appointment, and that I will pay for the *full length* of session that I booked. \_\_\_\_\_
- ★ I understand that in order for me to receive the best session possible, I know that I have to communicate ANYTHING and everything, including my needs, preferences, requests or feedback, at any time before, during, or after my massage. I take it upon myself to communicate right away if there is anything distracting me or if I feel unwell or uncomfortable at any time during the session so that she can make adjustments. I understand that my therapist wants my HONEST feedback - positive or negative - and doesn't take offense to it. \_\_\_\_\_

**I have read, understand, and agree to the above policies and information.**

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