

Client Name: _____

Date: _____

Service Agreement

24 Hour Cancellation & No Show Policy. It is requested to give at least a 24 hour notice if needing to cancel an appointment. Failure to give 24 hour notice, or not showing for an appointment may result in paying for the session, being required to pay in advance for future appointments, or declined future appointments.

Appointments are to start and finish at the scheduled times. Clients who arrive late to their appointment will not receive a time extension or a discount in price. Practitioners will also be held to appointment times and respect the time of the client and will correct any unexpected schedule problems.

Session Termination. Both the practitioner and the client have the right to stop a session at any point due to inappropriate conduct or personal comfort. There is no tolerance for any kind of harassment, threatening speech or behaviour, sexual advances or requests, or disrespectful actions or language. If a client has concerns or is uncomfortable at any point it is important for them to speak up to address issues or request to stop the session.

Clients will be appropriately draped at all times. Draping may be done with sheets and/or towels. Only areas being treated will be exposed. The breasts and genital areas will always be draped and not massaged. All areas to be massaged will be discussed and agreed on prior to starting.

Services will be agreed upon prior to the start of each session. Components of a session may include massage, Reiki, sound healing, and other blended modalities. Clarity of a plan and agreement will be made before beginning a session. A client has the right to stop a session at any time, or request to change the plan (as long as it is still within scope and appropriateness of the practitioner). The practitioner also has the right to refuse certain techniques/modalities if they feel they are contraindicated for the client or may require written release from a physician if necessary.

Risks are minimal but possible. Common risks can include superficial bruising, short-term muscle soreness, aggravation of unknown injury, and other ways that a person's body naturally cleanses (fever, frequent urination, feelings of instability, spaciness, etc).

Clients are responsible for understanding expectations and the plan of a session.

If not understood, clients may ask as many questions as needed to feel confident in moving forward with a plan or refusing any parts.

Clients are to inform the practitioner immediately of any discomforts during the session. The practitioner can adjust accordingly to general comfort accommodations, pressure, techniques, and modalities being used. The practitioner cannot be held responsible for any pain or discomfort if they are not informed of it.

It is the responsibility of the client to reveal any health changes, injuries, medication, signs/symptoms, diagnosis, etc. It is the responsibility of the practitioner to determine if there are any contraindications for services and if their scope of practice is appropriate for the client. It is the responsibility of the client to be forthcoming about any contagious states they may be in and to decline services until clear of such conditions.

Privacy and confidentiality will be held for each client. All records will be kept confidential and retained for a time period of 3 years from the last date of service as per state laws. No information can be shared without written consent and release of the client.

Every client may have their own personal experiences around sessions and it is their responsibility to set themselves up for a good outcome with their session.

Things clients may want to consider are when/what to eat prior to or after a session, timing of medications, hygienic routines, and other considerations.

Sessions are for therapeutic and relaxation purposes. Sessions are not a replacement for medical care and are not for the purpose of diagnosing or prescribing medical care. Practitioners respectfully will work within their scope of practice and refer out as needed or have the right to decline any/all services if they feel there are contraindications.

I release the practitioner and the business from liability for any harm that may unintentionally result from treatments. By signing I agree to all of the above.

Signature

Date