

## Company Policies

### **Cancellation:**

Kindly give a minimum of 24 hours notice for cancellation of all appointments. If less than 24 hours notice is given, and for 'no-show' clients, we reserve the right to charge you \$25.00 for the appointment. Exceptions may only be made for illness and emergencies with notification, at the discretion of your massage therapist. If more than one appointment is missed without adequate notice of cancellation you will be required to prepay for all future appointments. Please initial: \_\_\_\_\_

### **Illness:**

If you are ill, please cancel your appointment. If your illness is contagious we don't want to catch it or pass it on to other clients. If you are not sure if an illness is contagious, please err on the side of caution. Please initial: \_\_\_\_\_

### **Late Arrivals:**

If you arrive late, you will be required to pay the full session fee regardless of how much time is left of your scheduled appointment. Please initial: \_\_\_\_\_

### **The Massage Session:**

Your massage therapist determines how best to perform a therapeutic session. Therapists do their best to meet client's needs and are willing to take directives with regard to preferences of pressure and areas that you would like to have treated or avoided. All of our massages are therapeutic and non-sexual.

Please initial: \_\_\_\_\_

### **Client Confidentiality:**

Client lists and email lists are confidential. We do not share our client lists with outside companies. Therapists will respect client confidentiality outside of ProForm PT. A comprehensive copy of our full privacy policy is available on request. Please initial: \_\_\_\_\_

### **Payment:**

Payment is required at the time your massage is performed, unless prior packages have been purchased. We accept cash, debit cards, credit cards and personal checks with a local address.

Please initial: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ to charge my below Credit Card the \$25.00 cancellation fee if I choose to cancel my scheduled appointment without giving the proper 24 hours notice.

Client Printed Name on Card: \_\_\_\_\_

Client Credit Card Number: \_\_\_\_\_

Credit Card Exp. Date: \_\_\_\_\_ Security Number: \_\_\_\_\_

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

405 Lake Howell Road Suite #1031 Maitland, FL 32751  
Ph: 407.257.7239 Fax: 407.671.2433 [www.AlysonDiehl.MassageTherapy.com](http://www.AlysonDiehl.MassageTherapy.com)