



Consent to Participate

PAYMENT POLICY:

Please be advised that payment in full is due on the day of treatment. For your convenience, payment may be made via cash, debit and credit card. Direct billing may be possible based on your extended health company policy.

CANCELLATION POLICY:

We understand that you may need to cancel an appointment. Should you need to cancel your scheduled appointment, you must notify the clinic via phone or email **at least 24 hours in advance**. If you fail to notify cancel within 24 hours, a _____ cancellation fee will be applied. This fee will be applied at the discretion of the therapist.

FAILURE TO ATTEND:

Failure to show up for your allotted appointment time will result in a _____ charge. The fee will be waived for the first incident. Additional occurrences will result in a _____ cancellation fee, applied at the discretion of the therapist.

PRIVACY POLICY:

In order to provide treatment, this clinic must collect some personal health information. The privacy policy is posted in the waiting area.

Acknowledgment and Consent

I, _____, acknowledge that I have read and understand the policies set out above. I understand that I will be participating in massage treatment, which has been explained to me by my Registered Massage Therapist and hereby consent to treatment. My Registered Massage Therapist has explained what is meant by informed consent and I understand that I may withdraw my consent to treatment at any time. I understand and accept the risks involved in massage therapy as explained by my therapist.

I consent to accurately provide information about my health to my therapist to help my therapist provide the best treatment.

I understand the privacy policy of this clinic.

Signed this _____ day of _____, 20_____

(Patient/legal Guardian/Power of Attorney)

(Witness)