



Policies & Procedures

Appointments Policy: Massages are available By appointment

To ensure appointment availability, I would encourage you to schedule a regular series of massage appointments.

Financial Policy: Payment is due at the time of service. Massage packages must be paid in full at the time of purchase.

Lateness Policy: We request that you arrive (5)-(10) minutes early. New clients should arrive 15 minutes early to complete necessary paper work. If you arrive late for your appointment, the time remaining will be used to its best advantage.

No Shows: Clients who fail to show up for their appointment (2) times will not be scheduled for future appointments.

Cancellation Policy: Unless there is an emergency, it is requested that you cancel your appointment 24 hours in advance or pay the missed appointment fee of \$35 in full. You may call 508-790-0606 to cancel & reschedule appointments.

Sickness Policy: We at Healing Touch of Cape Cod are aware that both therapists & clients become physically ill due to infectious. Therefore, we ask clients to cancel their appointments when they are feeling unwell. The following contagious illnesses warrant the cancellation & rescheduling of appointments:

Diarrhea, vomiting, chicken pox, mumps, impetigo, shingles, ringworm of the body, feet, or scalp, common colds, influenza, conjunctivitis, head lice, scabies, measles, fever, hepatitis A, thrush, and meningitis.

Sanitation & Hygiene: The client will come to the massage therapy appointment clean. The client will inform the therapist of any breaks in the skin or contagious illness.

Professional Boundaries: All clients must understand that Healing Touch of Cape Cod will not tolerate sexual misconduct in office or during outcall massage service. Should misconduct occur the massage therapist will end the massage session immediately. The client will be required to pay the massage therapist the full rate of the scheduled appointment. Furthermore, offenders will not be allowed to schedule.

I _____ (client name) On _____ (date)

have read and understand the policies and procedures of Healing Touch of Cape Cod and I agree to abide by these policies and procedures.

Client Signature: _____ Date: _____