



# Massage Policies

***Thank you for choosing Active Family Chiropractic for your massage needs!  
Please take a moment to review the following policies.***

## **Late Cancelation/No Show Policy**

We respectfully ask that you provide us with at least a 12 hour notice of any cancelation requests. Please understand that when you cancel or miss your appointment without providing enough notice, we are often unable to fill that appointment time. This is an inconvenience to your therapist and also means our other clients miss the chance to receive our services. For this reason, you will be charged a \$25 fee for late cancelations and no shows that must be paid before your next massage can be scheduled.

If you have a fever, a known infection, or have experienced vomiting or diarrhea within 12 hours prior to your appointment time, we request that you cancel your session. We understand that emergencies can arise and illnesses do occur at inopportune times. For this reason, we reserve the right to waive the fee at our discretion.

## **Late Arrival Policy**

We request that you always arrive 5-10 minutes prior to your appointment to allow time to fill out any paperwork, use the restroom, and answer any intake questions your therapist may have. We understand that issues can arise that may cause you to be late, however we ask that you call to inform us if this occurs so we can do our best to accommodate you.

Appointment times are reserved for each patient and we are often unable to exceed that reserved time without making the next patient late. For this reason, arriving after your appointment time may result in loss of time from your massage so that your session ends at the scheduled time. If for any reason we take you back late, because of our error, we will add time to your session to make up for our late arrival or adjust the service charge accordingly.

## **Inappropriate Behavior Policy**

Massage therapy is for relaxation and therapeutic purposes only. There is absolutely no sexual component to massage. Any insinuation, joke, gesture, conversation, or request otherwise will result in immediate termination of your session and a refusal of any and all future services. You will be charged the full service fee regardless of the length of your session. Depending on the behavior exhibited, we may also file a report with the local authorities.

By signing below, you agree to abide by these policies.

Signed by: \_\_\_\_\_

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

Patient Name: \_\_\_\_\_