



MASSAGE THERAPY
POLICY AND PROCEDURE AGREEMENT

Please read the following statement thoroughly. These policies ensure the establishment of a client/therapist relationship that is both safe and professional. Once you have read , Medical Art Center/Jännha MediSpa Policies please sign and date where indicated.

All information on my client information sheet is accurate and up to date. It will be my responsibility to update my therapist regarding any pertinent changes in my health during subsequent visits.

- The focus and intent of massage therapy is to act as an instrument to reduce stress, promote overall wellness, and relieve pain due to muscle tension, spasm or injury. Massage therapy is NOT a substitute for medical examination or treatment. I am aware that the therapist does not diagnose, treat or prescribe medication for illness/disease.
- Cancellation Notice: If I need to cancel my appointment, a 24 hour cancellation notice is required. If I fail to give the appropriate notice, I agree to pay the equivalent of the massage session for either a late cancellation or a missed appointment. An extreme emergency is an exception.
- I understand if my therapist fails to give a 24 hour cancellation notice of a scheduled appointment, my next session is free. A extreme emergency is an exception. I agree to pay cash or check before the massage session. I agree to pay a \$25.00 service fee, plus any additional charges the therapist is charged, if my check is returned. I understand that I will be fully covered with a sheet and/or blanket (known as a drape) during the massage; only the body part being worked on will be uncovered.
- I am aware that massage therapy is a safe and therapeutic form of touch. As such, I understand that all massage therapy sessions are strictly non-sexual. Any illicit or sexually suggestive remarks or advances will result in immediate termination of the session. I will be liable for payment of the scheduled appointment.
- I have discussed any issues and/or concerns regarding Jännha MediSpa policies agreement with the therapist prior to my session. All issues have been addressed to my satisfaction.

Client's Signature

Date

Therapist's Signature