



[CompassionMassage.com](http://CompassionMassage.com)

## OFFICE POLICIES

### 1. Cancellation and No-Show Policy

We strive to meet our client's needs for massage by effectively managing our schedule. 24 hour advance notice is required when canceling an appointment, except in cases of illness, emergency or inclement weather.

Cancellations without 24 hour notice will result in a \$35 charge for your session, as that time has been set aside specifically for you. The cancellation fee must be paid on the day you notify our office of your need to cancel and must be paid prior to scheduling/receiving your next appointment.

In the event that you fail to show up to your appointment entirely, resulting in a complete loss of time to your therapist, you will be required to pay the full amount for the scheduled session on the day of your missed appointment.

### 2. Lateness Policy

Our clinic schedules 30 minutes between appointments to accommodate for the time we spend before and after each massage with our clients. Time for your appointment has been arranged especially for you. Please arrive 10-15 minutes early for your appointment as your massage is scheduled to begin at the appointment start time. If you arrive late, your session may be shortened in order to accommodate others whose appointments follow yours and full payment will be expected.

### 3. Permission to Contact You

Your feedback is important to us as it helps us understand your specific needs and how we can better serve you. We are committed to delivering the highest level of care for you which is why we would like your feedback after your initial massage appointment. You will receive an email requesting your review of our clinic to complete at your convenience. This feedback provides us the opportunity to learn more about your overall experience so that we can measure the effectiveness of our therapeutic massage and make modifications, if necessary. In addition, we provide our clients with a monthly newsletter on health tips, reviews of peer providers, and news about the clinic. Please advise us on how you prefer to be contacted by our clinic.

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Preferred email

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Preferred contact #

\_\_\_\_\_  
Signature & Date

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