



## **Policies**

Please read this document carefully in its entirety.

### Financial Agreement

I, \_\_\_\_\_ (client) understand that I am responsible for paying 100% of the cost of the service/services received at Pacific Tranquility Massage. I acknowledge that my insurance will not be billed for any portion of the cost. I may pay with cash, personal check, or credit/debit card.

### Privacy Policy

Pacific Tranquility Massage takes the security of your private health care information very seriously, and therefore has taken measures to ensure the safety of your information. All of the paperwork in your personal file is kept in a locked fireproof file cabinet. Your private health information and personal information disclosed on initial intake will never be given out to a third party, unless permission from you is expressed in writing. Your personal contact information (name, address, phone number, e-mail) will never be released to a third party source unless requested by you. Your e-mail and/or cell number may be used for appointment reminders through our online scheduling system.

### Cancelation Policy

A fee of 50% of the service(s) booked will be charged and collected by Pacific Tranquility Massage if an appointment is not kept or if a cancellation is not made 24 hours in advance of a scheduled appointment. I understand that appointments made less than 24 hours before a scheduled appointment will automatically be subject to a 50% of the service(s) booked - no show fee - if I fail to show up for my appointment. Some exceptions will be made to this charge if it is deemed an emergency, or if a cancellation has to be made in haste to sudden illness, family emergencies or other unforeseen sudden event.

If an emergency does occur, I must give notice by phone to Pacific Tranquility Massage so that my appointment may be given to another person if able to be filled. The sum of 50% of the service(s) booked is the charge; equal to a half time/cost of massage/treatment in price and is deemed a reasonable loss to your therapist's time and income. I understand that I will not be allowed to reschedule an appointment until the balance of the fee is paid in full.

By signing below, I certify that I have read and agree to the terms stated above.

Signature: \_\_\_\_\_ date: \_\_\_\_\_