



## Office Policies

Practitioner Name: \_\_\_\_\_

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

***Please be advised of the policies for this office. Your signature below signifies acceptance of these policies.***

### **Cancellation/Sickness**

Amid the ongoing uncertainty of COVID-19, we have modified our cancellation policy to offer greater flexibility to all our clients. A 24-hour notice is required for cancellation of an appointment, UNLESS you are not feeling well. WE REQUIRE YOU TO CONTACT US. Otherwise, YOU WILL BE CHARGED 50% of service price for late cancellations and 100% FOR NO SHOWS. Please cancel your appointment if you are experiencing a fever, cough, or sore throat. Please reschedule your appointment for when you are no longer symptomatic. There will be no penalties for cancellations due to not feeling well, AS LONG AS YOU CALL TO CANCEL. Payment for missed appointment is due before your next appointment.

### **SPECIAL INSTRUCTIONS**

- IF YOU HAVE BEEN in close contact with a person infected with COVID-19, we ask that you please reschedule your appointment for at least 5 days past the date of the contact.
- PLEASE NOTE, we are not requesting the clients wear face coverings at this time. Although, if you are experiencing allergy symptoms, your therapist may prefer you wear a mask when you are face up and they are close to your face. If you prefer for your therapist to wear a mask while they are working near your face, or while they are doing your massage, please let them know. Please let management (Maureen 352-614-8346) know if you have concerns about a masking situation you've encountered.

### **Quiet Zone**

Other clients may be receiving treatment, so please silence your cell phones and keep your voices quiet while in the common area.

### **Perfume-free Facility**

Out of respect for other clients and therapists working at Hands of Grace, we ask that you please refrain from wearing perfumes or perfumed lotions to your session. Some people have allergies or sensitivities to certain fragrances. Thank you!

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

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