



## 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**

A 24-hour notice is required for cancellation of an appointment. YOU WILL BE CHARGED 100% for NO SHOWS and LATE CANCELLATIONS when I'm not able to place someone from the wait list in your appointment spot.

Payment for missed appointment is due before your next appointment.

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.

If you have a gift certificate, it can be redeemed as your missed appointment fee.

### **SPECIAL INSTRUCTIONS**

- PLEASE NOTE: If you are experiencing allergy or cold 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: \_\_\_\_\_

09/25