**Client Policy Statement**

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## **Training and Experience**

I received my training from the Body Therapy Institute, a COMTA accredited massage school located in Siler City, North Carolina.  I am a member of the Associated Bodywork & Massage Professionals (ABMP) and the National Fibromyalgia & Chronic Pain Association (NFMCPA). I meet continued education requirements each year and therefore my skills and services offered are ever growing. Please refer to my website for an updated list of services offered.

NC License #15248

## **Hours of Operation**

Please refer to website ([www.katedallas.com](http://www.katedallas.com)) for weekly availability.

Please arrive to your appointment on time. If arriving late, the session will still end at the scheduled end time and you will be charged the full price of the session as I have allotted this time specifically for you. **No shows and cancellations made with less than 24 hours’ notice will be charged the full price of the scheduled massage.**

**Appointment Scheduling/Payment**

All appointments can be scheduled by visiting [www.katedallas.com](http://www.katedallas.com)

I currently accept cash, checks or payment via Google Pay or Cash App. Payment is due at the end of each session.

## **Expectations**

My intention is to provide professional individualized sessions in a safe and comfortable setting.

Some of the work may cause an unexpected rise in emotion as we address the subtle body. Please know that this is normal and okay. We will stay in communication throughout the session. If you feel as if you need something – I ask that you let me know as soon as you can.

If you experience any pain or discomfort, please be in communication with me so that adjustments can be made. If at any point you feel as if you would like to stop the session, simply say “stop session”.

If you are sick, please contact me prior to arriving to your appointment. As I work in close proximity with each client, I take my health and the safety of those I work with very seriously. In the event that I become ill at a time we have a scheduled appointment, I will contact you as soon as possible to make alternate arrangements.

## **Personal Relationships**

In effort to maintain professional boundaries, I do not carry out dual relationships with new clients. Once we have begun our sessions, although a mutual respect and understanding will unfold, it is important for both client and therapist to continue to maintain a professional relationship.

Massage sessions are strictly non-sexual. Any suggestive statements or actions will result in immediate termination of the session wherein the client pays the full cost of the session.

Law enforcement will be notified if deemed appropriate.

## **Confidentiality**

## I take client confidentiality very seriously. Sessions are intended to be personal and safe. Information that arises during the session will not be repeated nor will health history information, documentation, or any other personal information be distributed. The absolute only exception is in the event documentation has been summoned by law.

## **Recourse**

If for any reason you feel dissatisfied with your session, please be direct and communicate openly so we may work together to ensure mutual fairness and satisfaction.

Client Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Therapist Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_