# **Client Policy Statement**

## **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). NC License #15248

# **Hours of Operation**

Days of availability vary. Please refer to www.katedallas.com for weekly availability.

Please arrive at 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.

## **Payment & Cancellation**

I currently accept cash or checks. Payment is due at the end of each session unless using a gift card in which case I will need to be notified prior to appointment.

Cancellations made within less than 24 hours will result in a 50% charge of the scheduled session. No shows will be charged 100% of the full price of the scheduled massage.

## **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 at 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**

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. All notes and information are private and are stored securely. The absolute only exception is in the event documentation has been summoned by law.

#### Recourse

If for any reason y	ou feel dissatisfie	ed with your sess	ion, please	be direct and	l communicate op	enly so we may	work toget	hei
to ensure mutual t	fairness and satis	faction.						

Client Signature	<u>Date</u>