



Payment

Payment is due at the time of the visit. Payment may be made by cash, check, or credit card. Cash or check is the preferred method of payment.

Policies

My practice has a 24-hour cancellation and rescheduling policy.

Because I value our time and your health, I require at least 24 hours' notice to reschedule or cancel appointments. Without adequate notice, you will be charged the full session fee for a missed session. Exceptions may be made for emergency situations.

Please aim to arrive on time or a few minutes early to your appointment. I have set aside your appointment time exclusively for you. Should you be late, we will work with the time remaining and you will be charged the full session fee.

Privacy

Information that you share with me is kept strictly confidential. Unless I'm required by law to share information, I do not share anything about you or your sessions. It remains between us.

If you would like me to share information with another practitioner, I will need you to complete a signed release form. This authorization is kept on file and can be revoked by you at any time.

Use of Your Email Address

On occasion, I email clients to update them about my practice and services, provide health tips and information, and offer promotional deals and specials. You may unsubscribe at any time.

Would you like to receive these emails? Yes No

If yes, what email would you like me to use? _____

Agreement

My signature below means that I understand and agree with all of the points above.

Printed Name

Signature

Date