



BE Therapeutics LLC POLICIES

PLEASE TAKE A MOMENT TO CAREFULLY READ THE FOLLOWING INFORMATION. IMMEDIATELY NOTIFY THE THERAPIST IF ANY OF THE FOLLOWING IS UNACCEPTABLE PRIOR TO BEGINNING TREATMENT.

- ◆ **Purpose.** I understand that the Massage/Bodywork I receive is provided by Be Therapeutics LLC, is for the purpose of relaxation and/or elimination of muscle spasm; to increase range of motion, flexibility and/or mobility.
- ◆ **Discomfort.** If I experience any pain or discomfort during the session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort.
- ◆ **Not a Doctor.** I further understand that Massage/Bodywork should not be a substitute for Medical Examination, diagnosis or treatment and that I should see a Physician, Chiropractor or other qualified Medical Specialist for any physical or mental ailment that I am aware of. Any comments made before, during or after any treatment session are not to be construed as medical diagnosis. I understand that Massage/Bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnosis, prescribe or treat any physical or mental illness, and that nothing said or given in the session should be construed as such. I understand that any services rendered are not performed under the supervision of any physician
- ◆ **Informed of Medical Conditions.** Because Massage/Bodywork should not be performed under certain Medical conditions, I affirm that I have stated all my known Medical conditions, and answered all questions honestly. I understand that a referral from my primary care provider may be required prior to service being provided. I agree to keep the practitioner updated as to any changes in my medical profile, and understand that there shall be no liability on the practitioner's part should I fail to do so.
- ◆ **Tools.** I understand that at any given time the therapist may use any number of his/her body parts to apply pressure, trigger points or stroking motions. These body parts would include: fingers, hands, wrists, forearms, elbows, upper arms, shoulders, torso, hips, thighs, knees or lower legs. At any given time the therapist may use any number of tools to apply pressure, trigger points, or stroking motions. At any given time, the therapist may use any number of lubricating or analgesic mediums (oils/lotions/creams). Skin blemishes, discolorations and/or bruising are common side effects to some of the aggressive treatment options we apply.
- ◆ **Inappropriate Conduct.** I also understand that any inappropriate, unprofessional illicit or sexually suggestive remarks or sexual misconduct made by me will result in immediate termination of the session and I will be responsible for payment of the scheduled appointment.
- ◆ **Cancellation.** We ask that our clients notify us of a need to cancel at least 24 hours before the scheduled appointment time. This is common courtesy and allows us the opportunity to fill that time with other clients. Failure to do so will be subject to a cancellation penalty of \$50. This will be added to the client's next appointment if booked within two weeks. Otherwise an invoice will be mailed to the client's home.
- ◆ **Late.** We understand that life happens, however, if a client is more than fifteen minutes late for their scheduled appointment, he or she may be given a shorter massage session, but will be charged the full session price. If the client is excessively late, the appointment may be rescheduled, but will be handled as a "no show" (see below).
- ◆ **No Show.** If a client fails to cancel and does not show up for the scheduled appointment, they will be assessed \$50. This fee will be added to the next scheduled appointment. Please keep in mind that a "no show" results in loss of income for the therapist, who could have filled that spot with another client.
- ◆ **Tippling.** Tips are appreciated but never expected. If a client chooses to leave a tip for the therapist, it can be included at time of payment for services.
- ◆ **NSF Policy.** There will be a charge of \$75.00 for any check returned from the bank as NSF (Insufficient Funds). Clients will be expected to pick up the check and pay for the services and the NSF fees within 10 days of notice of the NSF charges. Clients must pay the entire amount due on the check held as NSF plus the \$75 NSF charge to avoid collection/prosecution. Any person/persons who issue more than one NSF check will be required to make all payments by cash for future appointments.