

Holistic Harmony, LLC
Holistic Wellness Center
5780 York Road
New Oxford, PA 17350
717-624-1243
www.holisticharmonyhwc.com

Missed Appointment and Cancellation Policy

Effective February 1, 2023

Please read carefully as the following policies are enforced.

Copy of signed policy available upon request.

If you are unable to keep a scheduled appointment, please give 24 hours advanced notice to ensure that you will not be charged a fee for the appointment.

If less than 24-hour notice is given, and we are unable to fill the time slot, you will be expected to pay a \$25 fee the first time and the full amount of the appointment thereafter. The fee will need to be paid in full the day of the missed appointment to continue to stay in the therapist's schedule.

*Each therapist is a subcontractor of Holistic Harmony, LLC and can decide to enforce this policy or not based on their knowledge of the individual client.
Receptionist will converse with therapist to decide how to handle each individual circumstance appropriately.

_____ (initials)

If you miss an appointment without prior notification due to acceptable emergency circumstances; sickness and weather are excusable, but please let us know as soon as possible. Please feel free to discuss the matter with us, we are extremely understanding. We try, in every circumstance, to be understanding of how life can throw a curve ball. _____ (initials)

We ask that when you receive the text or email for confirming your appointment that you please "click" the link to confirm. If you need to cancel the appointment, you must call in or text back that you cannot make it. Our message goes out 3 days prior to the appointment to ensure you have enough time to give us a 24-hour notice if you would need to cancel. _____ (initials)

These policies are set in place to be considerate of:

- Other clients on a waiting list who would love to fill the spot.
- The therapists who rely on each appointment as part of their paycheck, and are there waiting to do the appointment.
- Yourself to ensure that no fee will be charged. _____ (initials)

Signature: _____ Date: _____

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Policy and Procedures

(Revised February 1, 2023)

1. **CONTRAINDICATION:** If massage therapy appears to be contraindicated due to client's health condition or other reasoning, session will be modified until a later date until a written release from the client's physician is obtained.
2. **INAPPROPRIATE BEHAVIOR:** Massages at Holistic Harmony, LLC are not sexual massages. Any inappropriate behavior from client, subtle or otherwise, or any offensive comments made, will be reason for immediate termination of the session and payment **will** be made in full.
3. **LATE POLICY:** Please arrive at least 5 minutes prior to scheduled time. If you know you will be arriving late and are able to call in advance, we appreciate as much notice as possible. If you arrive late for your appointment by up to 15 minutes without calling in advance, the massage may be shortened but payment **must** be made in full amount.
4. **NO-SHOW POLICY:** We understand that emergencies and unexpected events happen somewhat often, but we appreciate as much notice as possible if client cannot make the allotted time slot. Please give at least a 24-hour cancellation notice so that we may free up the slot and help another client at that time. (See also "Missed Appointment and Cancellation Policy" sheet)
5. **DISROBING/DRAPING:** Clients are encouraged to disrobe to their comfort level. Clients will always be covered except for the part of the body that will be receiving the therapy. Draping is always professionally conservative.
6. **GIFT CERTIFICATES:** All gift certificates that were paid for will be honored at full face value, even past the expiration date. Client must present certificate at time of appointment. They are non-refundable and cannot be redeemed for cash. The following do have an expiration date and will expire if not used: any gift card, coupon, or bonus card that was a donated gift.
7. **CELL PHONES:** Please turn off all cell phones to ensure complete relaxation unless it needs to be on for emergencies.
8. **RETURNED CHECKS POLICY:** There will be a \$25 charge for all returned checks and the rate of the massage will need to be paid in full as well.

I understand that the massage being given is therapeutic and is not a sexual massage for male or female. I understand that Massage Therapists do not diagnose disease or prescribe drugs and that they are not a substitute for medical care. I agree to alert my therapist if there are any physical or emotional changes as they occur.

I have read, understand, and agree to abide by all Holistic Harmony's Policy and Procedures.

Signature: _____ Date: _____