



# ESSENTIAL HIDEAWAY

## WELLNESS & MASSAGE

### Privacy, Payment & Cancellation Policy

#### **Payment Agreement**

Before we begin services, please sign below indicating you have read, understand and agree to the following payment policies.

- You agree to be financially responsible for all charges regardless of any applicable insurance or benefit payments, third-party interest, or the resolution of any legal action or lawsuits in which you may be involved.
- Payment is expected at time of service unless you have made other payment arrangements with us

#### **Privacy and Sharing of Information**

I authorize the clinic and its associated health professionals to collect my personal and medical information as documented. In addition, I authorize the clinic and its associated health professionals to communicate with my family doctor as deemed necessary for my beneficial treatment. I also understand that my personal and medical information is confidential and will only be disclosed to third parties with my permission.

#### **Cancellation Policy**

Your appointment time is reserved for you. A late cancellation or missed visit leaves holes in the therapist's day that could have been filled by another client. As such, we require 24 hours' notice for any cancellations or changes to your appointment. Clients who provide less than 24 hours' notice, or miss their appointment, will be charged a cancellation fee for amount of time booked. (At the discretion of the Therapist)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_