

# **Mohawk Valley Healing Therapies**

**We are 100% committed to your satisfaction!**

**Please read, initial each policy & sign to ensure you have a GREAT experience with us.**

## **CANCELLATIONS/RESCHEDULING:**

- If I am unable to make a scheduled appointment, I agree to cancel or reschedule the appointment at least 24 hours in advance. I agree to pay 50% of the full session rate, if I give less than 24 hours notice. \_\_\_\_\_
- I agree to pay the full session rate, if I give 2 hours notice or less, arrive with an illness or infection, or if I miss an appointment without giving notice. \_\_\_\_\_
- If within 24 hours of my session, I develop a contagious illness (including but not limited to a cold, flu, or COVID), have an infection or suspect you have an infection (massage is contraindicated, as it can have negative consequences), have a sudden, unplanned health or personal emergency rendering me unable to make my appointment, I will inform MOHAWK VALLEY HEALING THERAPIES right away, and if you are unable to fill my vacancy, I will pay the cancellation fee, or session fee (if less than 2 hours notice), unless an exception is granted, only at the discretion of MOHAWK VALLEY HEALING THERAPIES. \_\_\_\_\_
- I understand that I am still responsible for my appointment until I hear back from MOHAWK VALLEY HEALING THERAPIES confirming that they received my Text message or phone call requesting cancellation/rescheduling. text/call 315-557-6810. \_\_\_\_\_
- I understand that should the therapist at MOHAWK VALLEY HEALING THERAPIES fall ill or have a personal emergency, that she will also abide by the 24 hour cancellation policy above. Should she cancel with less than 24 hours, you will be given a 50% discount on your next session, or if less than 2 hours notice is given, you will receive your next session at no charge. \_\_\_\_\_

## **ARRIVING ON TIME/SESSION LENGTH:**

- I understand I must arrive 10-15 minutes early for my FIRST appointment and 5-10 minutes early for all other sessions, in order to get the full session time that I have scheduled. If I arrive on time, or late, I understand the therapist can only give me whatever time remains of my appointment, and that I will pay for the full length of the session that I booked. \_\_\_\_\_
- I understand that in order for me to receive the best session possible, I know that I have to communicate ANYTHING and everything, including my needs, preferences, requests, or feedback, at any time before, during, or after my session. I take it upon myself to communicate right away if there is anything distracting me; if I feel unwell; or uncomfortable at any time during the session so that adjustments can be made. I understand that my therapist wants my HONEST feedback – positive or negative – and doesn't take offense to it. \_\_\_\_\_

**I have read, understand and agree to the above policies and information.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Policies in effect as of November 29, 2023