

2007 CLINIC POLICIES

ARRIVAL TIME

Please arrive at your scheduled appointment time. Allow about 5 additional minutes at the end of your session, for possible discussion with your practitioner before and after your session.

RIGHT OF REFUSAL

Your practitioner reserves the right to refuse service to anyone. This includes, but is not limited to, anyone who requests services that are outside his/her scope of practice.

Your practitioner will exercise this right if anyone arrives for a session under the influence of alcohol or recreational drugs. Under these circumstances, your practitioner reserves the right to charge for the full session time, whether or not services were rendered.

CLIENT RESPONSIBILITIES

I agree to actively participate, as much as possible, in my own healing and health maintenance.

I understand that bodywork/massage/manual therapy can: provide relief from muscular tension, spasm and discomfort; provide general relaxation and stress reduction; and, improve blood, lymph and energy flow.

I also understand, however, that bodywork/massage/manual therapy is not a substitute for medical examination or diagnosis; and, that it is recommended that I see a medical practitioner for any physical ailment.

I have stated all of my known medical conditions on the session intake paperwork prior to my first session with Cornerstone Massage. I have consulted a medical doctor or licensed medical health care practitioner regarding these conditions.

I realize it is solely my responsibility to keep the practitioner updated on any changes in my physical health. I understand that Cornerstone Massage, and any practitioners working with Cornerstone Massage, shall not be liable should I fail to keep them informed of my health status.

I understand that the practitioner does not diagnose illness, disease, or any other physical or mental disorder. The practitioner does not prescribe medical treatment or pharmaceuticals, nor does he/she perform any spinal manipulations.

I understand that any information provided by the practitioner is for educational purposes only, and is not diagnostically prescriptive in nature.

I understand that all bodywork/massage/manual therapy offered by Cornerstone Massage and affiliated practitioners is strictly non-sexual.

I have read the policies stated above and agree to abide by them.

Client/Patient Name _____

Client/Patient Signature _____ *Date* _____
(Parent/Guardian if under 18 years of age)