

Welcome to Advanced Pain Relief!

We are 100% committed to your satisfaction.

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

Client Name: _____ Date: _____

CANCELLATIONS POLICY

★ If I am not able to make a scheduled appointment, I agree to cancel or reschedule the appointment at least 24 hours in advance. I agree to pay \$45 or 50% of the full session rate (whichever is greater) if I give less than 24 hours notice. _____

★ I agree to pay the full session rate if I give 3 hrs notice or less, or if I miss an appointment without giving notice. _____

★ I agree to allow a credit card to be stored on an encrypted file with Advanced Pain Relief, if any of the above

★ I understand that I am still responsible for my appointment until I hear back from a staff member confirming they received my phone call requesting cancellation/rescheduling. _____

★ I understand and must have to keep a credit card on file to schedule and receive services.

ARRIVING ON TIME/SESSION LENGTH:

I understand I must arrive 5 minutes early for any appointment in order to get the full session time I have scheduled. If I arrive 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 session that I booked. _____

I understand that in order for me to receive the best therapy 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 appointment. 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: _____