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Welcome

The following information is about me and my practice. Please read and feel free to ask questions.

I have been studying massage therapy since 1978. I was certified as a Massage Practitioner by the Monterey Institute of Touch (MIT) in 1987. I became a member of the American Massage Therapy Association (AMTA) in 1988 and joined the AMTA National Sports Massage Team in 1989. I was the Sports Massage Instructor at MIT from 1988 to 1995. I am Nationally Certified in Therapeutic Massage and Bodywork and certified as a Sports Massage Therapist and as a Medical Massage Therapist. I have advanced training in the following; CranioSacral Therapy, Chair Massage, Deep Tissue Massage, Sports Massage, Neuromuscular Therapy, Medical Massage, Lymphatic Drainage, and Myofascial Release. I have volunteered my services as Sports Massage therapist as well as team captain at the Big Sur International Marathon and the Vineman Ironman Triathlon. I was the AMTA California Chapter Sports Massage Chairman from 1989-1991.

The following are office policies that will inform and educate you and help to make your massage a positive experience.

1. Sessions last from 30-90 minutes. Sessions will start and end at scheduled times. Please arrive at least 10 minutes before your session starts. If you are late for your appointment, you will receive the time remaining for that session.
2. Business hours are 9:30am to 5:30pm- Monday to Friday. Saturday and evening sessions are available by appointment only, have a 48 hour cancellation policy, and will have an additional charge added.
3. Fees are collected at the start or end of each session. The charges for massage are as follows:
 1. 30 Minutes- \$55.00
 2. 45 Minutes- \$70.00
 3. 60 Minutes- \$85.00
 4. 90 Minutes- \$130.00
 5. Chair massage/ House visits- by quotePayment is requested in exact change or check.
4. Insurance reimbursement: I am not a contracted provider with any insurance plans. Each company and plan has different rules and requirements. Clients with insurance coverage will be provided a monthly statement or HCFA

form to submit to their insurance company for reimbursement. Insurance companies require the treating physicians' diagnosis and prescription.

5. Appointments are personally reserved for each client. A minimum of 24 hours is required for changing or canceling an appointment, except in cases of illness or emergency. If an appointment is missed without being cancelled or changed in advance, you will be responsible for the full fee. Your insurance company will not pay for missed appointments; you are responsible, regardless of insurance coverage.
6. If I need to cancel your appointment, I will do so within 24 hours whenever possible. If an emergency arises and I can't keep your appointment, I provide a 50% discount for your next session.
7. In order for you to have the best experience possible, I suggest that you come for your massage with a clean body, refrain from eating too much, or using alcohol or tobacco several hours beforehand, and try not to schedule too much to do after your massage. Massages are for therapeutic purposes only. I cannot honor requests that are outside of my scope of practice.
8. The client understands and acknowledges that massage therapy is not a substitute for medical care or medications. The client also is aware that the massage therapist does not diagnose illness or disease, does not prescribe medications, and does not perform spinal manipulations. The client agrees to keep the massage therapist informed about changes in health conditions or medications.
9. After your massage you may experience soreness in the areas that were massaged. This is a normal reaction to lengthening chronically tight or shortened muscles and structures. This may last 24 hours. You can help to reduce this by using ice applications, topical analgesics, or performing activities that boost your circulation without overloading your system. A whirlpool, sauna, hot bath with Epsom salts, or short, easy walks are excellent ways to reduce soreness and improve circulation. If your soreness lasts more than 36-48 hours, please contact me at the above phone number.
10. I will maintain privacy and confidentiality at all times.
11. I will maintain personal and professional boundaries at all times.

Please feel free to ask any questions or discuss any of this information.

I have read, understand, and agree to these policies.

Signature

Printed Name

Date