

## **Notice of rescheduling and cancellation policy**

Your health and the health of all of our clients matters to us. To ensure that all of our clients are treated fairly and are able to receive treatment in a timely manner, Heart & Hands Therapeutic Massage, LLC asks that you provide at least **24-hours notice** if you need to change, reschedule or cancel your appointment. If you change or reschedule your appointment without providing us with 24-hours advance notice or fail to keep your appointment (if you are a no-show) you will be charged a fee of your appointment time.

To change or cancel an existing appointment, please contact us at (484) 362-9554. Thank you for your consideration and understanding.

I acknowledge that I have received and understand Heart & Hands Therapeutic Massage, LLC's cancellation and rescheduling policy and agree that I will be responsible for paying a fee of my appointment time in the event that I fail to provide Heart & Hands Therapeutic Massage, LLC with at least 24-hours notice before changing or canceling my appointment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **COVID-19 Consent Form**

- ☐ I acknowledge the contagious nature of COVID-19 (Coronavirus) and that the CDC and other health authorities are recommending practicing social distancing. By signing this agreement, I consent to the measures Heart & Hands Therapeutic Massage, LLC has put in place to reduce the spread of COVID-19. I further acknowledge that Heart & Hands Therapeutic Massage, LLC cannot fully guarantee that I will not contract COVID-19. I understand that the risk of exposure and/or infection to COVID-19 may result from the actions, omissions or negligence of myself and others.
- ☐ I am not currently experiencing any symptoms of illness such as cough, shortness of breath or difficulty breathing, fever, chills, muscle pains, headaches, sore throat, or loss of taste or smell.
- ☐ I do not believe I have been exposed to someone with a suspected and/or confirmed case of COVID-19 who has not yet been cleared as non-contagious by state or local health officials.

Full Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_