

KAJI HARMONIZING THERAPIES CLIENT/THERAPIST POLICY STATEMENT

8905 Regents Park Drive, Suite 250, Tampa, FL ,33647

813-495-0112

MA#75379

MM#32274

Appointments are conducted in our office or in your home or office.
Tuesday -- Saturday 10:00 am to 7:00 pm

Appointment Policies

- Your bodywork is important and your time is valuable. Please be on time for all appointments with your therapist. Your therapist will be on time for all appointments and will give you at least 6 hours notice if your appointment needs to be rescheduled for emergency purposes. If I give you less than 6 hours notice I will give you \$30 off your next appointment.
- If you cannot make your appointment please give at least 6 hours notice of cancellation. If you fail to give ample notice of cancellation, you will be charged \$30 for your scheduled appointment. If you are late for your appointment, you will have the rest of your scheduled time for your massage but the appointment will end at the scheduled time.
- Clients who fail to show for appointments may be asked to pay in advance for future services.
- Your first appointment will be longer than usual due to the completion and review of the health history form. Please arrive 15 minutes before your scheduled appointment to allow for this interview. There will be no charge for the additional time and services of the first appointment.

FEES (Current January 2014)

- **Integrated Relaxation Massage**
 - 60 minutes \$60.00
 - 90 minutes \$85.00
- **Jin Shin Jyutsu / Reiki**
 - 60 minutes \$75.00

Payments

- We accept cash, check, VISA, MasterCard, and American Express.
- There will be a \$30 charge for returned checks.
- Gift certificates are available for purchase; no expiration date from date of purchase.

- Outcalls; serving the Tampa area please add \$15 for a travel fee.
- Payment is due at the time of service. Payment can be made at the beginning or end of the session. At the time, your therapist is not billing insurance directly but will assist you with any documentation you may need for reimbursement purposes. If you have an issue with payment, please consult your therapist to make arrangements before your massage. Every effort will be made to help you receive the treatment you need.
- Your therapist performs Jin Shin Jyutsu, Usui Reiki, and Karuna Reiki energetic body work.
- Your therapist also performs Integrated Relaxation Massage based on the Swedish Massage Model.
- For massage please shower and wear bottom undergarments for your massage. Your therapist will honor modesty and professional draping techniques during your massage and as a professional massage therapist, I administer only nonsexual massage. Any inappropriate behavior will be addressed immediately and may possibly terminate your massage. Please feel free to address any concerns of modesty or discomfort with your therapist at any time before, during, or after your massage.
- For Jin Shin Jyutsu and Reiki sessions you will remain fully clothed.

General Policies

- Your therapist is happy to administer massage or Asian therapies to individuals under the age of 18, however, a parent or legal guardian must be present at the time of the massage and the parent must sign this form expressing consent to treat a minor.
- Your therapist will administer a nonsexual, relaxing, and therapeutic experience based on your individual needs for each appointment. At no time will your therapist attempt to diagnose or treat any disease or condition, or administer medical care out of his scope of practice as a massage therapist. A massage therapist's work is designed to help your body heal itself. If your therapist has a concern for your general health or notices an area of concern, you will be referred to a physician for further examination.
- For outcalls your therapist will provide all of the necessary supplies for you to have an enjoyable therapeutic experience. This includes all linens, cushions, oils, music, sound systems, and essential oils.
- Your personal, medical, and chart information will be confidential and no other person or organization will have access to such information without expressed

written consent from you. Your therapist complies with all federal confidentiality regulations and respects your privacy. Your appointments and any information about you will be kept confidential.

- Your therapist is always striving to give the most efficient service possible for the satisfaction of his clients. Please let him know if there is any improvement that can be made to help improve performance of the service you receive or any suggestions you may have for expanded techniques or services that you would like to receive.

Client Signature _____ **Date** _____

Therapist Signature _____ **Date** _____

I consent to treatment of my minor child by a professional massage therapist. I understand that massage is not designed to diagnose or treat any disease or condition that may need the supervision of a physician. I have given all pertinent medical information to the therapist and understand the contraindications of massage, if any are present. I will be present during the entire massage and understand that professional massage is nonsexual treatment of the soft tissues of the body. I am confirming that the therapist has explained the routine that will be administered and that any medical concerns that may be discovered during the massage will be referred to the minor child's physician.

Parent Signature: _____ **Date** _____

(If client is under the age of 18)

Therapist Signature: _____ **Date** _____