

Droughan Costello RMT
dcrmt.com

INFORMED CONSENT

I am providing my consent to receive Registered Massage Therapy treatment(s) from Droughan Costello Registered Massage Therapist. I understand that treatments may include assessment of my soft tissue and joints, stretching or strengthening exercises as indicated by my condition. I understand that my therapist will discuss the treatment plan with me to ensure that I receive a safe and effective treatment. I know it is my right to discuss any component of my treatment with the therapist and that my consent can be rescinded at any time.

CANCELLATION & LATE ARRIVAL POLICY

To avoid charges, I request a minimum of **24 hours notice** for cancellation. A 100% cancellation fee may be charged if you do not show up for your appointment. This is done in fairness both to clients who would otherwise have wanted the appointment and to the therapist, who is not paid if they do not perform the session.

As a courtesy to everyone, I thank you for being prompt. Late arrivals can only be extended to the time remaining in the scheduled session.

I have read and understood the informed consent, cancellation and late arrival policy.

Client's signature: _____

Date: _____

Signature of Therapist: _____