

# Welcome to Faith in Healing Massage!



Thank you for choosing us for your massage experience. This is an opportunity to acquaint you with us and our policies.

Experience: We are licensed through the **Arizona State Board of Massage Therapy** and Jennifer is further certified through the **National Certification Board for Therapeutic Massage and Bodywork**. We are both first aid and CPR certified and have worked as massage therapists in the chiropractic/physical therapy industry. We are currently practicing with specific expertise in the areas of:

- Swedish style massage
- Deep tissue massage
- Movement and Structural Therapy
- Medical Massage
- Trigger Point Therapy
- Myofascial Release
- PNF (stretching)
- Cupping Therapy (add on)
- Prenatal/Postnatal Massage

Aims and Goals: Most everyone can benefit from massage therapy in one way or another. Massage received on a regular basis has been known to:

- Reduce stress
- Reduce physical pain and muscle strain
- Improve blood and lymph circulation throughout the body
- Improve the function of the immune system

You may be asked to do homework assignments. Your progress in therapy often depends much more on what you do between sessions than on what happens in the session.

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Appointments: How often you will need to be seen will be discussed at your first appointment. You may discontinue treatment at any time, but please discuss any decisions with your massage therapist.

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Hygiene: We hold ourselves to a high standard of cleanliness. You can expect that all equipment, sheets or anything else you come in contact with during your session will be sanitary. Please keep in mind that your personal hygiene is also a factor in your session. A clean body will result in a more effective massage.

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Confidentiality: Issues surrounding massage therapy are important and are generally legally protected as confidential. A chart is maintained describing your condition and your treatment and progress in treatment, dates of sessions, and notes describing each therapy session. Your records will not be released without your written consent.

Fees:

First Time Clients: \$60 for your first hour (ONLY for local residents of AZ)

60 Minute Massage: \$85

90 Minute Massage: \$125

120 Minute Massage: \$170

Monthly Discounted Rates

60 Minute Massage: \$75

90 Minute Massage: \$110

120 Minute Massage: \$145

\*We do not file insurance but can provide a record of your massage for you to turn into your insurance company for reimbursement if that option is available to you. **We are able to take HSA cards.**

Payments: Payment is due at the time of the session. Cash, checks, Venmo/Zelle, and credit/debit cards will be accepted. Returned checks will result in you being responsible for all additional costs. Gratuities are not expected but are appreciated. Please fill out the following form so we have a card on file in case of missed/cancelled within 24 hours appointments. We will not bill the card for any other reason without prior consent.

Cancellations and Missed Appointments: A fee of 75% the cost of the massage will be billed to your card on file if you do not show up to a scheduled appointment or cancel WITHIN 24 hours of a scheduled appointment. We are willing to work with you in the case of emergencies so please call us as soon as you can. Arriving late for your appointment will count against your time.

By signing below, you are stating that you have read and understood this statement and your questions have been answered to your satisfaction.

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Signature

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Date

### Faith in Healing Massage Payment Consent Form

Please fill out the following for an automatic payment in the event that you do not show up for an appointment, cancel within 24 hours of the appointment, or do not schedule/come for your monthly massage.

Name on Card: \_\_\_\_\_

Debit/Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Three-Digit Code on back of Card: \_\_\_\_\_

Zip Code: \_\_\_\_\_

I would like to be reminded about my massage appointments a day beforehand by the following method:

\_\_\_\_\_ Call me at the following number: \_\_\_\_\_

\_\_\_\_\_ Text me at the following number: \_\_\_\_\_

\_\_\_\_\_ Send me an email at the following address: \_\_\_\_\_

I verify that all the above information is correct/current and that I will contact my therapist if any of this information must be changed.

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Signature