

Policies

As a trained, certified, and licensed healthcare professional and owner of Ricochet Body Solutions, my goal is to help you feel better and to reach your highest potential state of well-being. To help you fully benefit from my services, I request your agreement with the following policies:

Bodywork Consent

1. You have provided the therapist with your medical history, including injuries, illnesses, surgeries, medications and nutritional supplements, to help rule out any potentially harmful side effects, cautions or contraindications, and adjust the bodywork session to your particular needs. You agree to update this information as necessary at each visit.
2. Bodywork may include massage therapy, cupping therapy, Gua sha, Himalayan salt stones, and energetic bodywork. Information has been provided to you about massage, cupping, Gua sha, Himalayan salt stones and energetic therapies. If you choose to experience these therapies during treatments, you understand the potential effects and after-care recommendations.
3. Bodywork does not include diagnosis of any physical or mental illness, disease, disorder, injury or condition; nor prescription of medical treatment or medications; nor joint or spinal manipulations. See your primary care physician or a specialist for a diagnosis.
4. Bodywork is not a substitute for medical examination, diagnosis or treatment; we recommend that you see a Primary Care Provider for such services.
5. Bodywork is not a sexual service. Any sexually-oriented or suggestive actions or words will be considered inappropriate, will result in immediate termination of the session with no refund or credit, and a police report will be filed for sexual harassment.
6. Bodywork is for the well-being of your body and mind, including relief from muscle tension, spasm, or pain; stress reduction, and relaxation. You agree to inform your therapist if you experience any physical discomfort, pain or draping issues so that adjustments in pressure or technique can be made.
7. You agree to follow the therapist's recommendations for self care, including but not limited to: additional treatment, work, exercise, rest, recreation, warm/cold applications, water intake, limb elevation and/or stretching. (If the therapist's recommendations conflict with your doctor's or PT's instructions, follow the doctor's/PT's orders; your therapist will consult with them as necessary.)

Cupping Therapy and Gua Sha Consent

1. It has been explained to you that there are contraindications for Cupping Therapy and Gua sha. You have fully disclosed all health factors to your therapist, including those not mentioned on your Confidential Health Summary Intake Form, to avoid any complications.
2. It has been explained to you that there is the possibility of discolorations called sha or petechaie that can occur from the release and clearing of stagnation and toxins from your body. You also understand that this reaction is not bruising, but due to cellular debris, pathogenic factors, old stagnation, and toxins being drawn to the surface to be cleared away by your circulatory systems. You further understand that the discolorations will dissipate from a few hours to as long as 2 weeks in some cases and in relation to your after-care activities.
3. You understand that Cupping Therapy and Gua sha modalities should not be combined with aggressive exfoliation, 4 hours after shaving, after sunburn, or when you're hungry or thirsty.
4. You understand that you should avoid excessive exposure to extreme cold, wet, and/or windy weather conditions, very hot showers, baths, saunas, hot tubs, and aggressive exercise for 24 hours. It has been explained to you that exposure to such extremes can produce undesirable effects and you should avoid and/or limit such situations.
5. You understand that you should avoid caffeine, alcohol, sugary foods and drinks, dairy and processed meats and you should consume an abundance of clean water.

Chair Massage Consent

1. You are physically capable of getting on and off the massage chair safely.
2. You do not have any injuries or conditions that should prevent you from receiving massage therapy and have not been told by a physician that you should not receive massage therapy.
3. You understand that massage therapy is not a substitute for medical care.
4. You will be truthful with your therapist about any and all medical conditions you may have.
5. You will report any discomfort or pain to your therapist during the massage.
6. You understand that massage is for relaxation and therapeutic purposes only.
7. You understand that any inappropriate behavior will result in refusal of service.
8. You release your therapist and the associated business from all liability concerning any injury or damages that may occur during or after your massage.

You agree to receive bodywork at your own risk and agree to hold free the therapist, Rachel Sheard LMT, CCT, BF, from any claims, demands or actions including, but not limited to, claims for personal injury arising from your participation in treatment.

Privacy Practices Notice

All information relating to your treatment is confidential and in compliance with HIPAA Regulations. No information will be released without your prior consent to any person or agency other than your insurance company, attorney and health care professionals involved in your care. All personal conversations that take place during your treatment will be regarded as strictly confidential and will not be revealed to any person or agency. If the person or organization you authorize to receive the information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations and could be re-disclosed. You may revoke this authorization in writing at any time, except to the extent action has already been taken in reliance on it. You have the right to complain to US Department of Health and Human Services (HHS) and this office if you believe your privacy rights have been violated. This authorization will expire 24 months from the date of your signature.

Policies

Out-of-Pocket Payment & Reschedule Policy

1. You agree to be on time for all appointments and pay the fee for the entire time period scheduled for your appointment. For example, if you scheduled a 60 minute appointment and you are 10 minutes late, you will pay for the entire 60 minutes, not 50 minutes. I make every effort to start your appointment on time. However, if I am running behind schedule and unable to provide the full amount of time for which you scheduled, I will pro-rate your fee according to the time spent on your session and will not charge you the full session rate.
2. New clients will pay in full by credit/debit card, cash or check for services PRIOR TO their first appointment, unless other arrangements have been made prior to treatment.
3. There will be a \$30.00 service charge for any check returned by your bank.
4. You agree to provide at least 24 hours advance notice if you are unable to keep your appointment. If you provide less than 24 hours notice of appointment cancellation or reschedule, you will be billed \$25 for sessions up to 90 minutes, and \$50 for sessions longer than 90 minutes. If you are able to send someone else in your place, your reschedule fee will be waived.
5. IF YOU FAIL TO CANCEL OR FAIL TO SHOW UP, YOU ARE RESPONSIBLE FOR THE ENTIRE SESSION RATE AND THIS AMOUNT MUST BE PAID PRIOR TO BOOKING ANOTHER APPOINTMENT.
6. Following two such rescheduled or missed appointments, you will be required to pre-pay for your treatments.

Motor Vehicle Accident Treatment & Medical Insurance Reimbursement & Reschedule Policy

1. Co-pays must be paid at the time of service. If your insurance pays the full session fee, your copay will be offered as a refund or a credit to your account. There will be a \$30.00 service charge for any check returned by your bank.
2. You agree to be on time for all appointments. You understand that your auto or medical insurance cannot be billed for any missed session time due to your late arrival or appointment(s) which have not been rescheduled according to policy. If you are late or miss an appointment, you will be charged at the same rate billed to your insurance for your missed time or session. I make every effort to start your appointment on time. However, if I am running behind schedule and unable to provide the full amount of time for which you scheduled, I will pro-rate your session fee according to the time spent on your session and will not bill your insurance the full session rate.
3. You agree to provide at least 24 hours advance notice if you are unable to keep your appointment. If you provide less than 24 hours notice to reschedule or cancel an appointment, you will be billed \$25 for sessions up to 90 minutes, and \$50 for sessions longer than 90 minutes. If you are able to send someone else in your place, your reschedule fee will be waived.
4. IF YOU FAIL TO CANCEL OR FAIL TO SHOW UP, YOU ARE RESPONSIBLE FOR THE ENTIRE SESSION RATE AND THIS AMOUNT MUST BE PAID PRIOR TO BOOKING ANOTHER APPOINTMENT.
5. Following two such rescheduled or missed appointments, you will be required to pre-pay for your treatments and will be reimbursed by Ricochet Body Solutions upon receipt of payment from your auto or medical insurance company.
6. In the event your auto or medical insurance does not reimburse Ricochet Body Solutions/Rachel Sheard, LMT #13296, within 90 days of billing, you understand and agree to be held responsible for payment of all massage services provided to you.

Gift Certificate Refunds

There will be no refunds on gift certificates or pre-paid savings packages beyond 72 hours (3 days) after the sale. Gift certificates and pre-paid savings packages are transferable.

Your cooperation is essential to a successful therapeutic program. If you do not understand any of the above policies, please tell me now, so that I can clarify before you begin treatment. I appreciate the opportunity to help you and welcome your suggestions as to how I may improve my service to you.

Thank you!

Ricochet Body Solutions, Rachel Sheard