

OFFICE POLICY

Appointments

The nature of our business requires personal attention to our clients. Appointments are set to ensure that we may provide the best care to each individual and ensure satisfaction on every visit. Late arrivals may reduce the length of treatment or possibly cause you to forfeit the entire time slot to properly accommodate the next client. In order to maintain these standards, please **arrive a few minutes prior to your visit**. We know life is hectic sometimes - if you will be **running late, contact us** by phone (919-460-1884) so we have the opportunity to work with you.

Occasionally we may run behind on appointments. If this happens, please know that we can run up to 20 minutes behind. Our time slots are arranged so that we can make up for that time with you in the same manner as your booked time.

In the event that your technician is unable to see you on a scheduled appointment due to sudden scheduling conflicts or illness, will you prefer to reschedule your appointment or may we move you to another technician if they are available to treat you?

____ I would like to be rescheduled for a later appointment with the same technician.

____ I would see another technician for that appointment if they are available.

(Initial) _____

Payments

You are responsible for payment of your scheduled time. We understand that emergencies occur and we will take those situations into consideration. We accept Mastercard, Visa, CHRD gift cards, checks, and cash for your convenience. Please note that there is a \$35 fee on any returned check.

(Initial) _____

Cancellations

Appointments scheduled for up to an hour require a **24 hour** advanced cancellation notice. Appointments lasting any longer require a **48 hours** advanced cancellation notice. Any cancellation made less than the time requested or "no-shows" will be **charged accordingly**. Payment will be due by or upon your next visit. Please notify us of any cancellations by phone (919-418-6446).

Late Cancellation Fee, Electrolysis Treatment = 100% of visit cost

(Initial) _____

Wellbeing & Respect

We maintain a high standard of cleanliness for the sake of our clients and staff. If you are showing signs of being ill we ask that you notify us and we will reschedule you for a better time. We will decline your treatment if you show signs of being sick. The health of our clients and staff is critical to a safe and productive environment that we take very seriously.

Our lobby is shared with many people so we ask that you refrain from cellphone use and disruptive behavior. We welcome friendly conversation as we respect the other clients in the waiting room and treatment rooms.

(Initial) _____

We sincerely hope that you will help us make the best of our time together by adhering to our policies. We encourage you to ask questions so please let us know if you have any questions before you sign.

I acknowledge that I **read, understand** and **accept** the terms above in regards to treatment procedure, before and after care, and office policies.

Client Signature

Date

Client Printed Name