



## OFFICE POLICIES

### PATIENT- CLIENTS

- I generally treat only patient-clients who are at least 18 years of age and are competent to handle their own medical and financial affairs and make their own decisions.
- If you would like me to treat your teenager, a cooperative younger child, or an adult for whom you are a legal guardian, please contact me to discuss before scheduling. I do not treat infants or toddlers.

### SCHEDULING

- All treatments are by appointment, scheduled in advance, depending on availability.
- Appointments can be scheduled via my website or by contacting me directly (text or email preferred).

### FORMS

- My online scheduling system has instructions to read the five New Patient-Client forms when scheduling your Initial Evaluation & Treatment session. Links to these will also be emailed to you after scheduling for you to read.
- These are necessary because my practice as an MFR therapist is my medical practice as an M.D.
- Read them to save time when signing in the office; cannot be completed online; I do *not* keep electronic records.
- If you can, also print and complete the *Information & Medical History (Intake)* form; bring it to your appointment.
- Wait to sign the form until we meet and discuss any questions you may have.

### TREATMENT SESSIONS

- Appointment times are scheduled to allow extra time before and after your scheduled number of minutes of treatment/instruction time.
- Plan to be in the office for up to 30 minutes more than the length of time of your session (2 hours for first session).
- Arrive on time (or up to 15 minutes early).
- Do not arrive under the influence of alcohol or any recreational drug or having recently used any tobacco product.
- Minimize any strong scents or odors on your body and clothing, including tobacco, perfume, or cologne, for the comfort and welfare of myself and my next patient-client, who may have allergies or sensitivities.
- Avoid being dehydrated or having just eaten a large meal.
- Pets are not permitted anywhere on the property or inside my office; do not bring them; do not leave them in a car.
- In general, it is best to not have any companion in the treatment room with you during your session, which could interfere with our focus on your healing.

### FEES & PAYMENTS

- Payment is due no later than at the end of your treatment session.
- Payment can be made via cash, check, Zelle (not HIPAA-compliant, if this concerns you), or credit/debit card.
- Gratuities are not expected or accepted, since this is a medical practice.
- I will charge you any fee that I incur for a check returned as un-payable from your bank due to insufficient funds.
- Real Relief Myofascial Release, LLC is a privately owned and operated fee-for-service practice.
- I am not a provider for any private or government health insurance program, including Medicare or Medicaid, Worker's Compensation, lawsuit settlement cases, or car accident cases.
- Insurance coverage for myofascial release is currently very rare. If you know that your insurance policy, Flexible Spending Plan, or Healthcare Savings Account will reimburse you for prescribed Myofascial Release Manual Therapy for a specific diagnosis, specific treatment interval, and number of sessions, AND if you have obtained that prescription and your Diagnosis Code(s) (ICD-10 codes) from your prescribing healthcare provider, I can provide you with the required document called a Superbill for you to submit to your insurance company.
- I do not refund the fee for any treatment session provided; I cannot and do not guarantee any specific results.



**OFFICE POLICIES (cont.)**

CONTACTING ME

- Text or voicemail for a last-minute cancellation, change, or late arrival, keeping in mind that I may be in a treatment session and unable to immediately reply. I may not see a last-minute email as readily as a text.
- I welcome text, email, or scheduled telephone conversations for introductions, to ask questions or provide feedback before or after sessions, or for my assistance with scheduling or payment.
- I will return routine emails, texts, and voicemails as promptly as my schedule allows, almost always in less than 24 hours. Texting is easier to manage for me than phone calls. I will generally see a text sooner than an email.

CANCELLATIONS

- If you need to cancel a session, please do so at least 24 hours in advance of the appointment time.
- To respect your time and mine, and acknowledging the difficulties for both of us of managing personal and business schedules in this fast-paced world, I will charge 50% of the session fee for appointments canceled without 24 hours' notice, due prior to any rescheduling or future scheduling. I may waive this cancellation fee for unavoidable situations, at my discretion.
- If you become aware that you are going to be late, please text or voicemail, keeping in mind that I may be in a treatment session and unable to reply. If I need to remain on schedule for sessions that may follow yours or for my own personal schedule, I will treat you for only your remaining scheduled time, with the full session fee due.

DECLINING TO ACCEPT PATIENT-CLIENTS & TERMINATION OF SERVICES

- You may terminate treatment at any time, including during a treatment session; you will, however, still be responsible for paying the session fee. No refund will be issued. I cannot and do not guarantee any specific results.
- I reserve the right to decline to accept anyone as a patient-client or to terminate services if, in my judgment, my treatment will not or does not adequately meet their needs, if we have conflicting opinions or goals for treatment, or for any other reason that does not involve discrimination on the basis of race, age, gender, sexual orientation, religion, or ethnicity. I will provide names of any other local JFB-MFR therapists, if appropriate, or try to help you to locate other appropriate types of healthcare practitioners.
- Any sexual suggestions or explicit actions, or other inappropriate or aggressive behavior will not be tolerated. The session will end immediately. You will seek no future treatment from me. Other local therapists will be informed of your identity and behavior for their safety. If your behavior constitutes assault or other criminal behavior, I will immediately call the local police department.

By signing below, understand and agree to the above Office Policies:

Patient-Client Name \_\_\_\_\_  
(print your name)

Patient-Client Signature \_\_\_\_\_(sample form only)\_\_\_\_\_ Date\_(sample form only)\_\_\_