

NOURISH

Massage and Craniosacral Therapy

Practice Policies

Danelle cannot work on clients who are contagious, have a fever, are sick or have certain medical conditions. Additionally, she cannot work on clients who appear intoxicated or otherwise compromised. If you have any questions about your ability to receive craniosacral therapy, please contact Danelle Aurilio, LMT before your appointment at 360-473-9716.

Please communicate clearly with Danelle if you experience discomfort in any way. Massage therapists cannot diagnose any medical condition.

Licensed massage therapists are health care providers, therefore craniosacral therapy is completely non-sexual. If, at any time, the client engages in anything that is overtly sexual or perceived to be sexual in nature, the bodywork session will end and the client will be asked to leave. Clients who engage in any activity of this nature are no longer accepted at Nourish Craniosacral Therapy.

A parent or guardian must be in the room during the treatment if the client is 13 years old or younger. If the client is 14-17 years old, the parent or guardian must remain on the premises during the treatment session.

Nourish accepts cash, check, credit card, debit card, Venmo or HSA card as forms of payment. Payment will be accepted before or upon completion of the session.

Massage therapists are bound by privacy laws. Your privacy is completely maintained as is required by law. Your medical information will only be shared with other providers if it has been requested through proper and legal methods.

There are times when a cancellation is necessary, but please give an advanced notice whenever possible. Missed or cancelled appointments (emergencies and illness excluded) without twenty-four (24) hour notice will be charged in full for the missed session.

With my signature, I acknowledge that I have read and understand the above financial policy information and cancellation policy, and I understand I am personally responsible for any and all charges for services I, or my children, receive. I further understand missed or cancelled appointments are subject to payment for the missed session.

Signature: _____ Date: _____

Parent/Guardian: _____ Date: _____