

Please read carefully and print clearly. Thank you!

NAME _____ TODAY'S DATE ___/___/___
ADDRESS _____ DATE OF BIRTH ___/___/___
CITY _____ STATE _____ ZIP _____
PHONE (home) _____ (work) _____ (cell) _____
EMAIL: _____

The studio sends a newsletter every other month with updates, specials, and new offerings. * **Would you like to receive InsideOut's newsletter?** YES NO

How do you prefer to receive appointment and class notifications? Text Email Text and Email

Notifications include: appointment confirmations and reminders, class waitlists, series expiration notices and birthday credit.

EMERGENCY CONTACT: _____ PHONE # _____

HOW DID YOU HEAR ABOUT INSIDEOUT BODY THERAPIES? (Check one)

- Internet Indy Week Other: _____
 Scout Guide Referral: _____ (Please provide name for referral credit.)

CONSENT TO TREAT

I, _____, consent to treatment as may be dictated by prudent medical practice by my illness, injury, or condition. This consent is intended as a waiver of liability for such treatment excepting acts of negligence.

CONSENT TO DISCLOSE

I, _____, authorize InsideOut Body Therapies, LLC practitioners and instructors to share my protected health information as it pertains to the course of my treatment and healthcare.

LATE CANCELLATIONS AND "NO-SHOW" POLICY

We honor and respect your time and our service to you is our highest priority. In return, we ask that you also respect our schedule so that we may be available not only to service you, but to also service others. Late cancellations and "No-Shows" prevent our ability to see other patients needing treatment and results in the practitioner not getting paid for the hour.

InsideOut Body Therapies has a **24-hour cancellation policy**. A charge of **\$90 (or full package rate)** is billed to the patient for each instance a patient does not show for a scheduled appointment or does not give at least 24-hour cancellation notice.

First Late Cancellation / No-show: One (1) late cancellation per 6 months of the calendar year without charge allowed, i.e. one (1) allowed for January – July and one (1) allowed for July – December. Client will receive a phone call informing you that you missed the scheduled appointment. No charge will be applied.

Second Late Cancellation / No-show: Client will receive notice of 2nd cancellation or no-show and will incur a charge of \$90.00 or full package rate. Payment must be made on or before next scheduled session.

Repeated late cancels and no-shows (4+) will result in the client being placed on a "Schedule Based on Availability", meaning client will need to call the day of to check availability.

Thank you for your understanding of this policy, as this helps us to serve you and our other clients more promptly and efficiently. Please Initial _____

LAWSUIT CLAIMS:

Payment IN FULL must be paid at the time of service. IOBT will not bill law firms or any other outside parties for services rendered. IOBT will provide receipts, statements and medical documentation as needed for legal or insurance purposes.

Please Print full Name: _____ Signature: _____