

Magic Hands : Calm Minds Client Agreement



between Caeredwen Gregson-Barnes and _____

Terms and conditions of service provision

- 1. Bookings.** Clients can make bookings online at www.magichandscalminds.com, by telephone, text/WhatsApp message, email or in person at the clinic.
- 2. Reminders.** I use an automated text messaging system to send appointment reminders to clients 48hrs before their booking. If you give me your mobile number I will add you to the system. However as technology is not 100% reliable, you are still responsible for remembering your appointment and arriving as scheduled. You can opt out of reminders by responding O to any reminder text.
- 3. Punctuality.** If you're going to be late for your appointment, please let me know as soon as possible. If you are late the session will be correspondingly shorter. If you're more than 15 minutes late it may not be possible to carry out your treatment and you will be charged for a cancellation.
- 4. Payment.** Payment is due at the time of treatment. You can pay by card or cash in the clinic, or by BACS transfer. If you book online you also have the option to pay online at the time of booking. On request I can provide invoices in pdf form, on which payment is due within 7 days.
- 5. Cancellations.** No-shows and cancellations with less than 48hrs notice are charged for in full. If I have to cancel there is no charge. If you cancel I will always invite you to rebook.
- 6. Contact.** Generally I only contact you if I need to pass on important information about your appointment. I will also send occasional newsletters by email, unless you have unsubscribed. However if you are, or have indicated you want to be, a regular client and I haven't heard from you for two weeks I will contact you up to 3 times inviting you to make further appointments. You can of course ask me not to contact you and I will respect that.
- 7. Confidentiality.** Everything you tell me in clinic or in your client history is confidential, unless I need to share it with another healthcare provider in your interest. Before any information is shared I will discuss it with you and at your request, provide you a copy of any written information shared.
- 8. Code of conduct.** I will treat you with respect and behave professionally at all times, and I ask you to do the same with me.
- 9. Complaints.** If you have any issues with anything that I have said or done relating to your status as a client, please contact me to discuss it. I will do what I can to make it right.

I agree to the terms of service provision as outlined above.

Name _____ Signed _____

Signed _____ Date _____