

## Cancellation Policy

I understand that unanticipated events happen occasionally in everyone's life. In my desire to be effective and fair to all clients, the following policies are honored:

A credit/debit card or Gift Certificate is needed to reserve a first time appointment. Your card will NOT be charged for the appointment unless the appointment is NOT canceled 24 hours in advance.

24 hour advance notice is required when canceling an appointment. This allows the opportunity for someone else to schedule an appointment. If you are unable to provide me with 24 hours advance notice, or you no show for your appointment, you will be charged half of the amount of your session.

No-shows / No-calls will be charged the full amount for the missed appointment.

### Late Arrivals:

If you arrive late, your session will be shortened in order to accommodate others whose appointments follow yours. Late arrivals will be determined by the initial start time. Regardless of the length of the treatment actually given, you will be responsible for the full amount of session(s) scheduled. Out of respect and consideration to Hands Above All and other customers, please plan accordingly and be on time.

### Payment:

Full payment is expected before or after treatment in the form of gift certificate, cash, PayPal, Venmo, credit/debit card or check. All clients, whether they have received treatment or booked an appointment, are bound by this policy without any prejudice or exemption.

Please understand, Hands Above All is a small business. Therefore, missed appointments without proper notice are costly for me and prevent me from being able to schedule other clients. If you are unable to keep your appointment please text (484)574-0388 at least 24 hours before your scheduled session. If I do not receive a message from you and you do not keep your appointment, the above policy must and will be applied.

I look forward to serving you,  
KB Shubert LMT  
Hands Above All

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Patient or Legally Authorized Individual Signature      Date

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Print Patient's Full Name      Date