

Balanced Well Beings Workplace Policies & Procedures

Healing sessions at Balanced Well Beings are completed using the practice of FootZonology® and ThetaHealing®. The combination of these modalities provides the ultimate healing experience. Our goal here at Balanced Well Beings is to help you get back to true health and well being. We commit to showing up and holding space for anyone who is interested in becoming their best self. Providing a safe, judge free, and confidential environment is our guarantee. We are here to support you, listen to you, and grow with you.

All of our practitioners are certified and trained in both FootZonology® and ThetaHealing®. We may rotate your sessions amongst any one of our practitioners to ensure the success of your treatment and experience. We cannot guarantee that your session will be with any one specific practitioner due to frequent schedule changes, and therefore each client is assigned to their practitioner on the day of service.

PAYMENT POLICY

Balanced Well Beings only accepts payments in the form of cash or card. Each one-hour session costs \$180.00. Sessions for clients under the age of 6 and 30 minutes or less are \$90. Treatments and supplements will be charged on the same day of purchase. If you wish to use a different method of payment than what is saved to your file, we request that you notify us of the changes on the day of treatment. Supplement pricing varies due to fluctuations in our vendor costs and will be adjusted accordingly.

By signing this policy below, you are authorizing Balanced Well Beings to charge your credit card on file for all supplements and services that you receive and understand that your information will be saved on file for future transactions on your account.

ANNUAL SPENDING REPORTS

Balanced Well Beings does not provide or compile yearly reports and/or receipts detailing transactions throughout the previous year or years. If you require documentation for taxes (or any other purpose), you must request receipts at the time of service.

LATE SHOW

We require at least 45 minutes to complete a healing session. If you are more than 15 minutes late, the session will be marked as a NO SHOW and you will be charged for the session. If you still would like an appointment, you will need to reschedule when our next appointment is available.

CANCELLATION POLICY

In order to best serve each of our clients, we kindly ask that you notify us at least 24 hours in advance for all cancellations and reschedules. Failure to do so will result in a full session charge of \$180 for the appointment.

FRAGRANCE

At Balanced Well Beings we work hard to provide a safe and relaxing space for our clients. Everything we use in the office to improve the scent is non toxic and chemical free. We primarily use essential oils and handmade all natural and toxin-free candles.

HOT DRINKS

At Balanced Well Beings we offer a complimentary beverage of water or hot tea for our clients. In order to keep the area sanitary, and to prevent our clients from burning themselves, we offer to make the drink for you. If you choose to make any tea yourself, be aware that the risk of injury or burn from hot water is possible.

BWB LIBRARY

Balanced Well Beings provides books, education, and reading materials for all clients to enjoy in our office and to take home temporarily. If you would like to check out a book, please notify the front desk. We kindly ask that you return the book within 2 weeks. If you require more than 2 weeks, please call or text our office to confirm if extending the time is possible.

SUPPLEMENTS

All supplements purchased are non-refundable.

FOOTZONOLOGY® TREATMENT

I understand that Footzonology is a treatment that is completed on your feet to help balance and rejuvenate the body. Footzonology does not treat specific medically diagnosed diseases and/or cancers. Footzonology treats the entire body, allowing the body to function in the way it was created. I understand that Balanced Well Beings and its practitioners are not responsible for any disturbances, diseases and/or cancers that the medical industry might find in my body.

SIGNATURE OF AGREEMENT

☐ I have read and understand the Balanced Well Beings Policies & Procedures and agree to these terms and conditions.

PRINT Client Name: _____

PRINT Name of parent or legal guardian (if other than client): _____

Signature: _____ Date: _____