



# COVID-19 Liability Waiver

Due to the 2019-2020 outbreak of the novel Coronavirus (COVID-19), NuVo Aesthetic & Wellness is taking extra precautions with the care of every client to include health history review and enhanced sanitation/disinfection procedures in accordance with the CDC.

Symptoms of COVID-19 include:

- Fever
- Fatigue
- Dry Coughing
- Difficulty breathing

I agree to the following:

*(Please check the following)*

\_\_\_ I understand the above symptoms and affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms listed above **WITHIN THE LAST 14 DAYS.**

\_\_\_ I affirm that I, as well as all household members, have not been diagnosed with COVID-19 **WITHIN THE PAST 30 DAYS.**

\_\_\_ I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 **WITHIN THE PAST 30 DAYS.**

\_\_\_ I affirm that I, as well as all household members, have not traveled outside of the country, or to any city considered to be a "hot spot" for COVID-19 infections **WITHIN THE PAST 30 DAYS.**

\_\_\_ I understand that NuVo Aesthetic & Wellness cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each client.

NuVo Aesthetic & Wellness is following these enhanced procedures to prevent the spread of COVID-19:

- Prepayment for services available if clients prefer contactless checkout
- Additional time included between appointments to prevent client contact with each other
- Guests accompanying those scheduled for services discouraged
- Each client required to wash hands upon arrival and before leaving
- Your Nurse/Doctor/Esthetician will thoroughly clean hands and wear nitrile gloves during all treatments
- Your Nurse/Doctor/Esthetician will wear a clean set of gloves and cloth mask for each client
- All skincare product bottles used during treatment will be placed on the trolley for disinfection and disposable items will be used when possible
- All surfaces will be wiped thoroughly with hospital grade disinfectant before and after each client according to the manufacturer's directions

**By signing below, I agree to each statement above and release NuVo Aesthetic & Wellness from any and all liability for the unintentional exposure or harm due to COVID-19.**

**NuVo Aesthetic & Wellness agrees to abide by these standards and affirms the same.**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## CLIENT INFORMATION AND MEDICAL HISTORY

*All information is strictly confidential.*

### PERSONAL HISTORY

First Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Last Name \_\_\_\_\_

Work Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_

Gender \_\_\_\_\_

City \_\_\_\_\_

Ethnicity \_\_\_\_\_

State \_\_\_\_\_

Occupation \_\_\_\_\_

E-mail \_\_\_\_\_

Birthdate \_\_\_\_\_

Age \_\_\_\_\_

Emergency contact name and phone number \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Which of the following best describes your skin types? (Please circle **one** skin type number)

1. Always burns, never tans
2. Always burns, sometimes tans
3. Sometimes burns, always tans
4. Rarely burns, always tans
5. Brown, moderately pigmented skin
6. Black skin

### MEDICAL HISTORY

Are you currently under the care of a physician?      YES      NO

Are you currently under the care of a dermatologist      YES      NO

Please list *all* medications \_\_\_\_\_

Do you have any allergies to medications? \_\_\_\_\_

Are you currently taking antibiotics? \_\_\_\_\_

Do you take any medications for hearts conditions? \_\_\_\_\_

Are you on any mood altering or anti-depression medication? \_\_\_\_\_

What topical medications or creams are you currently using? \_\_\_\_\_

What herbal or other supplements do you use regularly? \_\_\_\_\_

<i>Medical History (past or present)</i>	YES	NO	<i>Medical History (past or present)</i>	YES	NO
Active skin infection or irritation			Autoimmune disease		
Darkening of the skin (hyperpigmentation)			Bleeding/clotting disorder		
Lightening of the skin (hypopigmentation)			Cancer		
Thick or raised scarring			Cold sores		
Used Accutane in the past 6 months			Eczema/psoriasis		
Using Retinol or Glycolic acid			Herpes		
Currently smoke or use other tobacco			Hepatitis		
Regular alcohol consumption			Pace maker/ defibrillator		
Birth control/hormone replacement			Polycystic ovarian syndrome		
Tattoos/permanent make-up			Thyroid disorder		
If "Yes" please explain:			If "yes" please explain:		

Do you have any other health problems or medical conditions not listed?

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**FOR FEMALE CLIENTS**

Are you pregnant or trying to become pregnant?      YES      NO  
 Are you breastfeeding?      YES      NO  
 Are you using contraception?      YES      NO

***I certify that the preceding Personal, Medical, and Medication history statements are true and correct. I am aware that it is my responsibility to inform the doctor, esthetician, or other health professional of my current medical or health conditions and to update this history in timely fashion. A current and accurate medical history is essential for the caregiver to execute appropriate treatment procedures.***

Signature \_\_\_\_\_ Date \_\_\_\_\_



## FINANCIAL POLICY

Please take a moment to read this document thoroughly, sign and date the bottom indicating that you understand and agree to comply with these policies.

- **Payment is due at the time services are provided.** We accept cash, credits, and checks.
- **Payment Plan:** NuVo Aesthetic & Wellness offers 90-day no finance on services rendered for treatments over \$100 per session. NuVo will hold your card on file until the balance is paid in full. At the end of the three-month term of each service, the office reserves the right to charge 18% interest on any remaining balance. Any unpaid balance over 60 days on your account may be assessed a late fee. After 120 days, your account may be assigned to a collection agency. You will be responsible for 100% of our fees as well as any additional fees incurred to resolve this matter. (Payment plan not valid for groupons, laser lipo, acupuncture, massages, and waxing packages.)
- **Returned Checks.** A \$40.00 processing fee will be assessed for any check returned by the bank for reason. This may result in refusal of payment in the future.
- **Broken appointments.** In the event that you unable to make your scheduled appointments, please cancel at least 24 hours prior to the appointment. Canceled or changed appointments with less than 24 hours' notice will result in a fee of \$25 per appointment. For Package plan purchases, one session may be forfeited in lieu of a fee for missed appointments.

If you are more than 15 minutes late for your appointment you will be asked to reschedule.

**Terms subject to change without notification.**

I have read, understand, and agree to all the terms of NuVo Aesthetic & Wellness financial policy.

\_\_\_\_\_  
Client Printed Name

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date



# HIPAA NOTICE OF PRIVACY PRACTICES

(Effective December 19, 2018)

At NuVo Aesthetic & Wellness, Dr. Sunil Patel and his medical staff understand that health information about you is very personal and we are mandated by the Health Insurance Portability and Accountability Act (HIPAA) to protecting your health information. We create a record of the care and services you receive from us, and this record helps to provide you with quality care and to comply with certain legal requirements. This Notice applies to all the records of our care generated by us and informs you about the ways in which we may use and disclose information about you. We also describe your rights to the health information we keep about you and describe certain obligations we have regarding the use and disclosure of your health information.

We are required by law to:

- Make sure that health information that identifies you is kept private.
- Give you this notice of our legal duties and privacy practices with respect to health information about you.
- Follow the terms of the Notice that is currently in effect.

How we may use and disclose health information about you:

- For Treatment
- For Payment
- For Healthcare operations
- As required by law
- Public Health risks
- Health oversight activities
- Lawsuits and disputes
- Law enforcement
- To avert a serious threat to health and safety
- As required by the Military or Veterans and Workers Compensation
- Coroners, health examiners and funeral directors
- National Security and Intelligence activities
- Protective Services for the President and others
- Security Officials for Inmates
- For any services provided by NuVo Aesthetic & Wellness
- For appointment reminders

Your rights regarding Health Information about you:

- Right to inspect and copy
- Right to amend
- Right to Accounting and Disclosures
- Right to Request Restrictions
- Right to Request Confidential Communication

Your Medical Records: The original copy of your and/or electronic medical record is the property of NuVo Aesthetic & Wellness and Dr. Sunil Patel. You may request a copy of your records to be transferred by completing a medical records release form.

Changes to this Notice: We reserve the right to change this notice. We will post a copy of current notice in our facility with the current effective date.

Complaints: if you believe that your privacy rights have been violated, you may file a complaint with us. All complaints must be in writing. Please contact the Office Manager at NuVo to file a complaint. For complete, detailed information regarding privacy law, visit [www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html](http://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html).

Permission to Share your Health Information: We are required to follow certain federal guidelines and laws regarding the confidentiality of your personal health information. One of these prevents us from discussing anything in your medical file with anyone other than yourself or other medical personnel involved in your care. If you would like us to discuss your treatment records or other personal information with your significant other, family members, or any other individuals, please fill in their name and relationship to you in the section listed below.

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**Acknowledgment of Receipt of NuVo Aesthetic & Wellness HIPAA NOTICE OF PRIVACY PRACTICES:**

We request that you sign this form acknowledging you have received, read, and reviewed NuVo Aesthetic & Wellness HIPAA Notice of Privacy Practices. If the patient is a minor, the legal guardian is automatically appointed by law to provide/receive protected information on behalf of the patient. I will notify Dr. Patel and/or his staff of any changes or updates to this record. This acknowledgment will become part of your records.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_



## Botulinum Toxin Type A Consent Form

Please initial each section.

### What to Know

- BOTOX®Cosmetic, Xeomin®, Javeau® and Dysport® are both indicated for the temporary improvement in the appearance of moderate to severe glabellar lines associated with corrugator and/or procerus muscle activity in adult patients.
- BOTOX®Cosmetic /Xeomin®/Jeaveau®/Dysport® is a sterile, vacuum-dried purified botulinum toxin type A, it block the communication from nerve to muscle by inhibiting the release of acetylcholine. In therapeutic doses this results in localized reduction in muscle activity.
- Administration of BOTOX®Cosmetic and/or Xeomin® and/or Jeaveau® and/or Dysport® is not recommended during pregnancy or under the age of 18. There is no adequate and well-controlled studies of BOTOX®Cosmetic or Xeomin® or Jeaveau® or Dysport® in pregnant women. It is not known whether this drug is excreted in human milk.
- Results vary from person to person, they may be seen as early as 48hrs but full results are seen in 10-14 days and last approximately 3 months. Additional injections will be needed to keep up the desired result.
- You will discuss your areas of concern and an amount in “units” will be recommended, this will be determined by the practitioner.
- The actual injections only take a few minutes.

\_\_\_\_ I understand that the risks and complications associated with the injection of Botox®Cosmetic and/or Xeomin® and/or Jeaveau® and/or Dysport® include but are not limited to:

- Headaches are possible and usually last one day but may persist longer in small amount of patients.
- Injection site bruising is possible as a result of the needle puncture of the skin. Bruising can last hours, days, weeks, months, and in rare cases may be permanent.
- Local weakness of the injected muscle is the expected pharmacological outcome of Botox®Cosmetic, Xeomin®, Jeaveau® and Dysport® however weakness of adjacent muscles may occur resulting in temporary eyelid drooping.
- Injection of any material carries a risk of infection.
- Botox®Cosmetic, Xeomin®, Jeaveau® and Dysport® are contraindicated in patients with known hypersensitivity to the active substance botulinum toxin type A or to any of the components in the formulation such as human serum albumin. Hypersensitivity reactions have been reported with botulinum toxin products (anaphylaxis, serum sickness, urticaria, soft tissue edema and dyspnea).
- Botulinum toxin type A is not recommended for people with neurological diseases such as myasthenia gravis, multiple sclerosis, amyotrophic lateral sclerosis, and Lambert-Eaton syndrome.

### **Patient Acknowledgements:**

I acknowledge that I am not pregnant, lactating, or nursing.

I understand that results are temporary and duration varies from person to person.

I confirm that I have discussed the risks and benefits with my practitioner and he/she has satisfactorily answered all of my questions.

I confirm that I do not have any neuromuscular disorders.

Patient signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Dermal Filler Consent

Please initial each section below.

## What to Know

- There are many types of dermal fillers that are indicated for different types of wrinkles, folds, correction of volume loss, augmentation of features, and more. Be sure to let your practitioner know of any known allergies such as lidocaine.
- There are no adequate and well-controlled studies of dermal fillers in pregnant women and therefore should not be done. It is not known whether any of them are excreted in human breast milk.
- Results vary from person to person, however most results are seen instantly. Fillers will eventually wear off and additional injections will be needed to keep up the desired result. Duration of dermal fillers varies from one product to another, from one patient to another, the area to be injected, and the amount of product injected.
- You will be able to discuss the area(s) of concern with the practitioner, during the consultation he/she will recommend the type of filler and an amount in “syringes” that will be needed to complete the procedure. Syringe volume differs, for example: some are 1mL and some are 1.5mL.
- We offer “numbing cream” for dermal fillers. The actual injections take only a few minutes, depending on the amount of syringes needed to complete the procedure properly.

## I have read and understand the different types of fillers, described below:

- The most popular form of dermal fillers is hyaluronic acid. Each type works in a slightly differently way and has varying results. Hyaluronic acid is a naturally occurring substance; as you age you produce less and less which is a contributing factor to wrinkles and folds.
- Belotero® is a hyaluronic acid based filler indicated for moderate to severe wrinkles and folds. It is also used to smooth our “creepiness” under the eyes and around the mouth. Belotero® lasts approximately 6 months.
- Juvederm® is a family of hyaluronic acid based products indicated for everything from fine lines and wrinkles to deep injections for cheek augmentation. There are three types: JuvedermUltra®, JuvedermUltra Plus®, JuvedermVoluma®. They differ in their viscosity levels (thin vs thick) and therefore duration differs from 6-24 months.
- Radiesse® is a calcium based dermal filler indicated for the correction of moderate to severe wrinkles and folds. The microspheres in Radiesse® can be seen in X-rays and CT scan and it’s important to notify your practitioner that you have Radiesse® injections in your face if you are to have any sort of scan. Radiesse® can last up to a year in areas without a lot of dramatic movement, such as the cheekbones, and approximately 6-9 months in areas with a lot of dynamic movement, such as nasolabial folds. Radiesse® stimulates collagen production and the more often you have the treatment performed, the less you need each time.
- Restylane® is a hyaluronic acid filler indicated for smoothing away facial wrinkles and folds, subtle lip enhancement and smoothing the areas around the lips, and adding lift and volume to the cheeks. There are five types: Restylane®, Restylane Silk®, Restylane Lyft®, Restylane Defyne®, and Restylane Refyne®. These products generally last anywhere from 6-12 months.



**I understand that the risks and complications associated with the injection of dermal fillers include but are not limited to:**

- Injection site redness and bruising are possible as a result of the needle puncture. Itching and pain are usually mild but can last up to a week. Patients using medications that can prolong bleeding may experience bruising and bleeding at the injection site.
- Injection of any material carries a risk for infection.
- Nodules may be felt, but should not be seen. The practitioner will massage treated areas to smooth them out with the surrounding tissue.
- In patients with a history of herpes (fever blisters, cold sores, shingles) there is a risk of reoccurrence. I have disclosed my medical history and, in particular, disclosed prior herpes outbreaks.
- Dermal fillers carry the risk of migration from the place where it was injected.
- Dermal filler can accidentally be injected into a blood vessel; this may block the vessel and can potentially cause damage to distal tissue which may lead to heart attack, stroke, or blindness.
- Dermal fillers have not been studied in patients with history of excessive scarring (hypertrophic scarring and keloid formation).
- Dermal fillers should not be done in patients with history of multiple severe allergies and/or anaphylaxis.
- Dermal fillers should not be done in patients who have an allergy to Gram-positive bacterial proteins.

**Patient Acknowledgements:**

This above list is meant to be inclusive of all possible risks associated with the injection of dermal fillers as there are both known and unknown side effects and complications associated with any medication. I understand that medical attention may be needed to resolve complications associated with my injections.

\_\_\_\_ I acknowledge that I am not pregnant, lactating or nursing.

\_\_\_\_ I understand that the results are temporary and duration varies from person to person.

\_\_\_\_ I confirm that I have discussed the risks and benefits with my practitioner and he/she has satisfactorily answered all of my questions.

\_\_\_\_ I confirm that I have notified my practitioner of all my known allergies, if any.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_