



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 _____

Birthdate _____

E-mail _____

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?

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.

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.

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: _____



Aesthetic & Wellness

Cynosure Elite+ Fitzpatrick Skin Typing Classification

This information will help our office to better evaluate your skin type, so the laser treatment will be more effective. Skin type is often categorized according to the Fitzpatrick skin type scale, which ranges from very fair (skin type I) to very dark (skin type VI). The two main factors that influence skin type and the treatment program devised by your practitioner are:

- Genetic disposition
- Reaction to sun exposure and tanning habits

Skin type is determined genetically and is one of the many aspects of your overall appearance, which also includes the color of your eyes, hair, ect. The way your skin responds to sun exposure is another way of correctly assessing your skin type. Recently tanning, whether by sun or artificial tanning booth, even tanning creams, can have a major impact on your skin color evaluation.

By using the information you provide on this form, we can be better prepared to provide you with the best care. Please take a few minutes to fill out this questionnaire.

Sun Reaction (circle the best one)

I	II	III	IV	V	VI
Always burns, never tans	Usually burns, tans with difficulty	Sometimes burns, average tanning	Rarely burns, tans with ease	Very rarely burns, tans very easily	Never burns, dark eyes

Skin Color (circle the best one)

I	II	III	IV	V	VI
White	White	White to Light Brown	Moderate Brown	Dark brown	Black

Hair Color (circle the best one)

I	II	III	IV	V	VI
Red	Blonde	Brown	Brown-black	Black	Black

Eye Color (circle the best one)

I	II	III	IV	V	VI
Blue-green	Blue	Brown	Brown-black	Dark	Dark

Comments:

By signing below, I acknowledge that I have filled this questionnaire completely and honestly. My questions regarding treatment have been answered completely and satisfactorily.

Patient signature: _____

Date: _____



Cynosure Elite+ Laser Hair Removal Consent Form

The Elite+ laser produces an intense burst of light that is absorbed by the hair follicle. All personnel in the treatment room, including myself, will wear protective eyewear to prevent eye damage from this intense light.

The sensation of the light is uncomfortable and may feel like a slight pinprick or sensation of heat, which may last for a few hours.

Following the procedure, the treated area may be red and swollen for a few hours or a few days. Blistering may occur. The area should be treated delicately following treatment. Multiple procedures may be necessary. You may get burned if taking certain medications or have sun-exposed skin. It is important to tell your Nurse of any new medications or the last time you have been exposed to the sun to avoid adverse reactions. I have been informed that hyperpigmentation (darkening of the skin) and hypopigmentation (lightening of the skin) are possible risks of the procedure. I understand that sun exposure and not adhering to the post-care instructions provided to me may increase my chance of complications. I will care for the skin area(s) by gently cleaning daily with a gentle cleanser and applying broad-spectrum (UVA/UVB) sun block SPF 30 or greater.

Alexandrite Laser Hair Removal Treatment

Description of Treatment:

An appropriate treatment for skin types I-III is the laser treatment using the Alexandrite 755nm laser. The overall goal is to provide satisfactory treatment for the reduction or elimination of hair follicles in any given area.

Procedure:

A brief medical history will be taken, and an examination of your skin will be performed.

For at least 4 (four) weeks prior to treatment, you need to avoid sun exposure, tanning beds and self-tanning (sunless) lotions/sprays. If you are obviously tanned, you may not be treated. If you have a history of herpes, medications to reduce the outbreak must be prescribed by your physician as appropriate.

Areas to be treated may be marked prior to treatment. You will need to wear special eye goggles to protect your eyes against exposure to laser light. You may experience discomfort from the laser treatment, which has been described as the sensation of being “snapped with a rubber band”. Local swelling, crusting and redness may also result from the treatment. You will care for the skin area(s) by gently cleaning daily with a gentle cleanser and apply broad-spectrum (UVA/UVB) sun block SPF 30 or greater. The course of treatments may require several treatments. Following treatment, you will be evaluated within a time determined by the physician. The actual treatment time and number of treatments will be dependent on condition being treated.

ND:YAG Laser Hair Removal Treatment

Description of Treatment:

An appropriate treatment for skin types IV-VI is laser treatment using the Nd-YAG 1064nm laser. The overall goal is to provide satisfactory treatment for the reduction or elimination of hair follicles on any given area.

Procedure:

A brief medical history will be taken, and an examination of your skin will be performed.

For at least 1 (one) week prior to treatment, you need to avoid sun exposure, tanning beds and self-tanning (sunless) lotions/sprays. If you are obviously tanned, you may not be treated. If you have a history of herpes, medications to reduce the outbreak must be prescribed by your physician as appropriate.

Areas to be treated may be marked prior to treatment. You will need to wear special eye goggles to protect your eyes against exposure to laser light. You may experience discomfort from the laser treatment, which has been described as the sensation of being “snapped with a rubber band”. Local swelling, crusting and redness may also result from the treatment. You will care for the skin area(s) by gently cleaning daily with a gentle cleanser and apply broad-spectrum (UVA/UVB) sun block SPF 30 or greater. The course of treatments may require several treatments. Following treatment, you will be evaluated within a time determined by the physician. The actual treatment time and number of treatments will be dependent on condition being treated.

Please initial the following statements.

_____ I have not been waxing, plucking, threading, or using depilatory creams for at least 6 weeks prior to treatment. The hair follicle needs to be present for the laser treatment to work.

_____ I am not pregnant, trying to become pregnant, or breastfeeding at this time.

_____ It is my responsibility to inform my nurse of any reactions or health problems that may occur throughout my treatment process.

_____ I will shave 24 hours before each appointment to avoid any adverse reactions with the laser.

_____ I am currently not taking antibiotics.

I acknowledge that I have read the detailed information above, including the possible adverse reactions, and I feel that I have been adequately informed of the risks of treatment. My questions regarding treatment have been answered completely and satisfactorily. I agree to comply with the recommended aftercare instructions, which are pertinent to healing and prevention of adverse effects.

Before each treatment, I will inform the staff if I have taken any new medications since my last treatment or have tanned the areas to be treated either by sunlight or artificial light as these conditions could cause the laser to damage my skin.

I hereby release NuVo Aesthetic & Wellness, including the facility, designated staff, and technician from liabilities associated with the above indicated procedure.

Patient Signature: _____ Date: _____

NuVo Staff RN Reviewer: _____ Date: _____



Cynosure Elite+ Pretreatment/Posttreatment Instructions

Precautions Before and After Laser Treatment

The area being treated cannot be exposed to the sun. For Nd:YAG treatments, avoid sun exposure for 1 (one) week prior, during, and 1 (one) week after treatment. For Alex treatments, avoid sun exposure for at least 4 (four) weeks prior, during and at least 1 (one) week after the treatment. A broad-spectrum (UVA/UVB) sun block of SPF 30 or higher should be applied whenever exposed to the sun.

Expectations following Treatment

Immediately following treatment, the area may show a slight erythema with some swelling. Blistering may occur.

General Skin Care

1. During the healing phase, the area must be treated delicately. Do not rub, scratch, or pick. If a crust develops. Let it fall off on its own.
2. Apply a thin layer of Hydrocortisone ointment to the treated area several times a day to keep area moist.
3. Do not scrub the area, pat the area dry. Do not shave over the area if swelling, crusting or scabbing is present.
4. If swelling occurs, apply ice. Wrap the ice in a soft cloth. Discomfort or stinging may be relieved with acetaminophen.
5. If makeup is allowed, it must be applied and removed delicately. Excess rubbing can open treated area increasing the chance of scarring.
6. Avoid sports and/or strenuous exercises for 2-3 days following treatment for hair removal and 7-10 days for veins. Walking is encouraged.
7. In case of signs of infection (pus, tenderness, fever), contact the office immediately.
8. Avoid sun exposure throughout the course of treatment and use broad-spectrum (UVA/UVB) sun block SPF 30 or greater when the treatment area is exposed to the sun.
9. The treated hairs will exfoliate or push out approximately 2-4 weeks.

Posttreatment skin care instructions must be followed to prevent any complications. Please contact the office with questions or concerns regarding your treatment.