



# 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?

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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: \_\_\_\_\_



# Microblading – Informed Consent and Release

This form provides information about microblading, which involves the application of semi-permanent makeup. You are encouraged to carefully review the information provided in order to make an informed decision as to whether to undergo the microblading procedure.

Microblading involves the insertion of pigment into the dermal layer of the skin and is a form of tattooing. Initially the color will appear more vibrant or darker compared to the end result. Usually within in 7 days the color will fade 40-50%, soften and look more natural. The pigment is semi-permanent and will fade over time and will likely need to be touched up within 12 to 18 months.

All instruments that enter the skin or come in contact with body fluids are disposable and disposed of after use. Cross contamination guidelines are carefully adhered to.

Generally, the results of microblading are excellent. However, a perfect result is not a realistic expectation. It is usual to expect a touch-up after the healing is complete.

**Possible risks, hazards or complications:**

- **Pain:** There is a possibility of pain or discomfort even after the topical anesthetic has been used. Anesthetics work better on some people than others.
- **Infection:** Although rare, there is a risk of infection. The areas treated must be kept clean and only freshly cleaned hands should touch the areas. See "After Care" sheet for instructions on care.
- **Uneven pigmentation:** This can result from poor healing, infection, bleeding or many other causes. Your follow up appointment will likely correct any uneven appearance.
- **Asymmetry:** Every effort will be made to avoid asymmetry but our faces are not symmetrical. Adjustments may be needed during the follow up session to correct unevenness.
- **Excessive Swelling or Bruising:** Some people bruise and swell more than others. Ice packs may help and the bruising and swelling typically disappear within 1-5 days. Some people don't bruise or swell at all.
- **Anesthesia:** Topical anesthetics are used to numb the area to be tattooed. Lidocaine, Prilocaine, Benzocaine, Tetracaine and Epinephrine in a cream or gel form are typically used. If you are allergic to any of these, please make your esthetician aware ASAP.

**The alternative to these possibilities is to use cosmetics and not undergo the microblading procedure.**

**Consent for Microblading Procedure: *Please read and initial ALL lines.***

- \_\_\_\_ I am currently not under the influence of any drugs or alcohol.
- \_\_\_\_ I am NOT pregnant.
- \_\_\_\_ I do not currently nor have I taken Accutane within the last 12 months.
- \_\_\_\_ I have not had Botox and/or other cosmetic filler procedures within the past two weeks.
- \_\_\_\_ I have not had surgery of any kind within the past six months.
- \_\_\_\_ I have not taken any blood thinning medication within the past 72 hours nor have I taken aspirin within the past 24 hours.
- \_\_\_\_ I understand that a certain amount of discomfort is associated with this procedure and that swelling, redness, and bruising may occur.
- \_\_\_\_ I understand that Retin-A, Renova, Alpha Hydroxy and Glycolic Acids must not be used on the treated areas. They will alter the color.
- \_\_\_\_ I understand that sun, tanning beds, pools, some skincare products and medications can affect my permanent makeup.
- \_\_\_\_ I accept the responsibility for explaining to my technician my desire for specific colors, shape, and position for any procedure done.
- \_\_\_\_ I understand that implanted pigment color can change or fade overtime due to circumstances beyond the spa's control and I will need to maintain the color with future applications and a touch-up session within 2-4 weeks.
- \_\_\_\_ I acknowledge that the microblading procedure involves inherent risks and that there is a possibility of one or more complications during and/or following the procedures such as: infection, misplaced pigment, poor color retention and hyper-pigmentation.

Special Instructions to the technician: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I acknowledge that I am at least 18 years of age and I certify that I have read or have had read to me the contents of this form. I understand the risks and alternatives involved in this procedure. I have had the opportunity to ask questions and all of my questions have been answered. I acknowledge that I have reviewed and approved the material given to me and I authorize NuVo Aesthetic & Wellness to perform the microblading procedure on me. I hereby release NuVo Aesthetic & Wellness, its employees and affiliates from any liability arising from the risks that are known and/or inherent in the microblading procedure.

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

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

Please Print Name: \_\_\_\_\_

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

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

### Optional Photography Release Consent

NuVo Aesthetic & Wellness would like to take before and after photographs depicting the results of your procedure. We would also like your permission to use these photographs for advertising. Advertising may include portfolios, brochures, online or print advertisements, ect. Please circle "YES" or "NO" below to indicate whether you consent to our use of your photographs for advertising purposes.

**YES**, feel free to use the photographs of me

**NO**, please do not use photographs of me

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

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