



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?

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: _____



PRP MicroNeedling Blood Facial Consent

Purpose:

Using blood-derived growth factors (platelet-rich plasma (PRP)), the PRP MicroNeedling Blood Facial is a safe procedure for renewing the skin of the face and other body areas for correcting texture and color.

Benefits:

This treatment is natural in that your own cells are used and microneedled into the specified areas. Since a distillate of growth factors from your own blood (PRP) is used, there should be no side effects from the material microneedled. The body reacts to the treated cells as it does to a wound and immediately starts repairing the tissue. This builds the underlying tissue with tightening, smoothing, and increased blood flow (which makes color more attractive). It may take 5 to 7 days to heal from microneedling. Do not pick nay of the scabs. Let these scabs naturally fall off so as to not produce any scars. Within 2 to 4 weeks you will see improvement with continued positive changes for 12 weeks. There is actual growth of new tissue by stimulation of uni-potent stem cells, so the change is not from something foreign being in the body but from the body actually rejuvenating and growing. The platelet rich plasma (PRP) stimulates new blood flow with new blood vessels (neo-vascularization). The results of this treatment should last for at least 6 months to one year, but the results may vary and the research documenting the longevity of results are ongoing.

Treatment:

Do not take aspirin, Advil, Motrin, Aleve, non-steroidal anti-inflammatory medication, or corticosteroids. These drugs may inhibit the stem cells natural inflammatory response. You may take a pain medication, such a Tylenol. Blood is drawn in the same way blood samples are taken for routine lab tests. Blood is centrifuged to separate the component cells. Platelets are separated and used for this procedure as platelet rich plasma. The platelet rich plasma is applied to your face and other body areas using a gloved hand. Microneedling makes very small holes in your skin with little pain enabling the PRP to be driven deep into your skin.

Foreseeable Risk and Discomforts:

The primary risks and discomforts are related to the blood draw where there is a slight pinch to insert the needle for collection and a potential for bruising at the site. The microneedling may cause pain similar to an intramuscular injection since 12 small 33 gauge needles prick your skin during this procedure. There is generally minimal pain because the needles are very, very small. There is a potential for bruising at the injection sits. Pain from bruising could occur. Smokers have less positive response from this treatment than non-smokers, since the toxins in cigarette smoke block the response of the them cells. There may be some variation in achieving the results requested as everyone's body type is different any may have a different response. The introduction of the needle(s) into the skin always presents the possibility of infection, scarring, loss of sensation, or change in muscle strength.

Photographs:

I authorize the taking of clinical photographs and their use for scientific purposes in presentations. I understand my identity will be protected.

Payment:

I understand this is a cosmetic procedure and that payment is my responsibility. I have read the above and understand it. The doctor/nurse and staff have answered my questions satisfactorily. I accept the risks and complications of the procedure.

Printed Name: _____

Date: _____

Signature: _____

Doctor/Nurse Signature: _____



Plasma Rich Plasma (PRP) Therapy Pre and Post Care

PRECARE INSTRUCTIONS: TO PREPARE FOR THE BLOOD DRAW ASSOCIATED WITH PRP THERAPY

- PRP Therapy is very safe because cells from the patient's own blood are used, which means there are no preservatives and no chance of the body rejecting the cells. The primary risks and discomforts are related to the blood draw where there is a slight pinch to insert the needle for collection and there is a potential for bruising at the site.
- For optimal results and decrease the chance of bruising at the draw site, please avoid all blood thinning medications and herbal supplements for 1 week prior to your appointment. avoid taking Aspirin and non-steroidal anti-inflammatory medications (NSAIDS) such as Ibuprofen, Motrin and Aleve. In addition, very high doses of some Vitamins and supplements can thin your blood and increase the chance of bruising. Please notify your provider if you are taking Coumadin, Plavix, or any other blood thinners for a medical condition.
- During the course of your treatments, notify our staff of any changes to your medical history, health status, or personal activities that may be relevant to your treatment.

POST CARE FOR INJECTED PRP WITH MICONEEDLING BLOOD FACIAL

- **What to expect after treatment:** Immediately following the procedure, the most commonly reported temporary side effects are redness, swelling, bruising, tenderness, tingling, numbness, lumpiness, and/or a feeling of pressure or fullness at the injection sites and/or in the treated area(s). Cold gel packs/ice may be gently applied immediately after treatment to reduce swelling.
- **To avoid bruising:** Avoid alcohol consumption for minimum of 6 hours and refrain from taking blood thinners such as Aspirin and NSAIDS for several days. Tylenol is recommended if needed for discomfort.
- **To maximize results and prevent complications:**
 - Avoid touching or scrubbing at the injection sites for 24 hours after treatment.
 - Sleep on your back with your head elevated and avoid rubbing the treated area for 2 weeks.
 - Avoid direct high heat (blow dryer, sun exposure, sauna, steam room, very hot shower, hot yoga, strenuous exercise, ect.) for 24 hours after treatment.
 - Makeup may be applied immediately after treatment if desired.
- **No facials, facial massages, or laser treatments for 2 weeks afterward:** Most facials, chemical peels, laser and light treatments may be done immediately **prior** to the treatment but not for 2 weeks after the treatment. Botox may be injected immediately before or after.
- **Combination therapy for optimal results:** PRP therapy stimulates your skin to grow new, younger tissue however; it does not prevent muscle movement or resurface the skin. Most patients see best results when combining their PRP treatments with other anti-aging procedures such as Botox, HA Filler, AFT, Focus, ect.
- **Follow up Appointment:** Most patients see improvement within 2-4 weeks with continued improvement for up to 12 weeks. If the desired level of correction has not been reached within 4-12 weeks, then we recommend repeating the procedure at the 4-12 week intervals until you achieve the result you desire.
- **Maintenance Treatments:** The results of this treatment can last up to 2 years, but the results vary and research documenting longevity is ongoing. Maintenance treatments are recommended every 6-12 months.

POST CARE FOR TOPICAL APPLICATION OF PRP WITH MICRONEEDLING BLOOD FACIAL

- **To maximize results:** For a minimum of 5 hours after PRP has been applied to your skin, do **NOT**: Wash your skin, expose the treated area to direct high heat, or engage in activities that will get the skin wet or cause you to sweat (blow dryer, sun exposure, sauna, steam room, Jacuzzi, very hot shower, hot yoga, strenuous exercise, ect.)
- **For best results and efficacy:** We recommend a series of 3-6 treatments administered at 2-4 week intervals. You may notice immediate as well as longer term improvements in your skin.

IF YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE CONTACT US IMMEDIATELY AT 301-725-2209.