



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: _____



Potenza Informed Consent

Potenza Microneedling/Hemostasis and Electrocoagulation

As a client, it is important for you to understand the expected results and risks of radiofrequency Microneedling treatment with the Potenza Microneedling System. Please read this document carefully. Before signing this document, please ask your physician, or the consultant providing the RF treatment, about any aspect of this document or the procedure that you do not understand.

Potenza System equipment may present a hazard to clients with implantable devices.

Please consult qualified medical personnel prior to being treated with radiofrequency equipment.

Since ongoing feedback by a client during a procedure is required, if there is nerve insensitivity to heat anywhere in the treatment area, the client should not be treated with the Potenza System.

All clients should be free of infection prior to application. Infection can further increase the risk of scarring; therefore, proper wound care is important in the prevention of infection. If signs of infection such as pain, heat, blisters, or surrounding redness develop following application, call the provider's office immediately. Potenza treatments have not been studied for use on pregnant clients, clients with autoimmune disease, diabetes, or herpes simplex.

Potenza System

The application will involve applying low level heat to the tissue using radiofrequency for therapeutic purposes.

NOTE: All clients are different and exact results of this cosmetic procedure and treatments cannot be predicted or guaranteed.

During Treatment

All jewelry and lotions should be removed from the treatment area prior to treatment.

The procedure should not be performed on cut, wounded, or infected skin as this could promote infection and injury. Although uncommon, burns can occur.

Slight discomfort may be experienced while undergoing treatment. Typically, the discomfort is mild and temporary during the procedure and localized within the treatment area. During the treatment, you should provide ongoing feedback to the individual performing the treatment. Additionally, if you have nerve insensitivity to heat anywhere in the treatment area, you should not be treated. Inadequate or impaired feedback may lead to burns or injury. Ongoing feedback should be provided by the client to the individual performing the treatment to avoid excessive discomfort.

After Treatment

Studies indicate the possible side effects of Potenza System are usually treatment-site related and include mild discomfort during the procedure, localized within the treatment area. Mild swelling and redness may occur, which typically goes away within 2 to 24 hours.

A regimen to moisturize and soothe the external skin posttreatment is recommended.

There is the possibility that additional risk factors of radiofrequency skin treatments may be discovered. The results of performing RF tissue-heating treatments in combination with other treatments is unstudied and unknown.

Photography Release

NuVo will take before and after pictures of the treated area to ensure effective treatment results. This is required so NuVo can track the changes that were made after the treatment. We will not use the photographs for social media unless you give NuVo permission. We will block out any noticeable facial features for privacy purposes.

It has been explained to me that this is a cosmetic procedure and not covered by insurance. It has been explained to me that more than one treatment may be recommended to achieve the best results. As mentioned before, there is no guarantee of results and no refund of payments for the procedure will be made.

My signature below signifies that all my questions have been answered by the physician or consultant. I understand the risks, complications, expected results, and expense of the treatments. I have read and understand this document and give my consent to receive treatment with the Potenza System.

Patient Printed Name: _____

Patient Signature: _____

Date: _____

Nurse/Doctor Signature: _____

Date: _____



Potenza Pre/Post Instruction Sheet

Pre-Treatment Guidelines:

- Keep hydrated by drinking water (at least eight cups daily) or hydrating fluids to improve treatment outcomes.
- Avoid drinking alcohol for 24 hours in advance of treatment.
- For three to seven days prior to treatment, at the physician's discretion, avoid therapies that may cause erythema (redness) or irritation, such as retinols or products containing isotretinoin and any exfoliating acid preparations.
- Shave visible hair from the treatment area.
- Male beards should be shaved on the day of treatment.
- The same procedure should be followed prior to each visit.

Post-Treatment Guidelines:

- Do not scrub or exfoliate the skin.
- Wash the area with warm water and a mild cleanser.
- Do not apply liquid makeup for 24 hours; mineral makeup is acceptable after the erythema resolves.
- If erythema after treatment persists, use an ice pack (or frozen peas) at home, but always use a protective barrier, such as a face cloth, between the skin and the ice pack.
- Always wash your hands thoroughly before touching your face: there are micro-pathways opened into the dermis and hands will introduce bacteria.
- If skin feels tight or dry, apply moisturizing cream frequently.
- If you currently have skin breakouts, you may find that the condition may temporarily worsen due to inflammation or edema.
- Do not pick at treated tissue: doing so may result in hyper- or hypopigmentation.
- Avoid ultraviolet rays and apply sunblock >30 SPF UV A/B daily.
- Avoid alcohol consumption if possible.
- For 24 hours, refrain from high intensity aerobic exercise or activities that increase the body temperature like saunas, hot tubs, steam showers or exercise (i.e. jogging, weight training, kickboxing, etc.).
- Call the Office if any problems develop: concerns regarding rash, itching, erythema, etc., for more than 24 hours.