



## General Consent

PRINT FULL NAME : \_\_\_\_\_

Carefully review this consent form and ask any questions necessary to help you fully understand it. Please sign at the bottom only after careful review and consideration.

### Disclosure of Medical History

**I will disclose a full and accurate personal medical history, including any and all information regarding medical conditions and my use of medications, recreational drugs, herbs, vitamins or other supplements of any kind.** I understand that failure to do so may affect my treatment outcome and increase the likelihood or severity of complications.

### Confidentiality

No information regarding services performed shall be released without my express consent except as follows: I authorize that **copies of my records may be sent to another medical location** if I seek additional treatment at that location. I understand that, in addition to authorized clinic personnel, the clinic's medical director and treating staff shall have full access to my treatment records. I understand that DermaNuva may also provide limited patient information to various third-party vendors to provide database development and maintenance services, referral services or marketing research services. I **understand that photographs may be taken to document treatment results**, but they will not be released or used otherwise without my specific written consent. DermaNuva will maintain file copies of all records for a **minimum of ten years**.

### Skin Care Products and Treatments

Most of the skin care products offered by DermaNuva are professional strength and formulated to aggressively treat problem skin. I agree that I will use any skin care products obtained from the clinic in accordance with the instructions and directions provided to me by the clinic staff and only after becoming acquainted with the product and its recommended use. I realize that I may experience varying degrees of discomfort, redness, burning, peeling, itching, dryness or other symptoms, especially in the early stages of use. These symptoms should lessen and eventually subside as my skin tolerance develops. I understand that in unusual circumstances, use of these professional strength products could be harmful and even cause injury to the skin (infection, discoloration, superficial

scarring, etc.). **I will discontinue use and notify the staff at DermaNuva if any unusual or concerning irritation occurs.** I will not use any of these professional strength products if I am nursing, pregnant or trying to become pregnant. I understand that long-term use is necessary to achieve and retain the desired benefits.

### **Continued Consent**

I understand that DermaNuva services generally consist of a **series of treatment to achieve maximum benefit**, and this consent shall apply to all services rendered to me by DermaNuva, including ongoing or intermittent treatments. I understand any services I wish to **prepay are non-refundable should I have a change of mind**; in lieu of a possible refund **my account will be credited** for the amount in which I can put toward other services or products offered DermaNuva.

### **Cancellation Policy**

I agree to contact DermaNuva **at least 24 hours in advance if I need to cancel or reschedule my appointment.** I understand that I may be required to pay a **\$75.00 missed appointment fee.** I understand that if I arrive more than 15 minutes late for my appointment I may be required to reschedule in order to avoid disrupting the appointments of other patients.

### **Emergency situations**

Our medical director is often on standby for Medical Emergencies at the local hospital. In the event that an emergency does interrupt your scheduled appointment, we will do our best to accommodate you at your convenience.

We have arrangements with our local Emergency Dept. at the Olds Hospital for any of our patients that need emergency medical care. You can go there to be seen by one of 14 local physicians at any time. Or call 9-1-1 in case of an emergency.

By signing below, I attest that I have fully read this entire consent form, that I have had any concerns answered to my satisfaction and that I understand and agree to the information contained within.

Print Name in Full: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_