



NEW YOU
Health and Wellness

Informed Consent

Patient Name : _____ Date : _____

I duly authorize A New You Health & Wellness to perform the procedure - circle all that apply

Cavitation

Skin Tightening

Laser Lipo

_____(initial) I understand that treatments are voluntary upon my discretion.

_____(initial) I understand that clinical results may vary depending on individual factors, including medical history, patient compliance with pre/post treatment instructions and individual response to treatment.

_____(initial) I certify that I have been fully informed of the nature and purpose of the procedure, expected outcomes and I understand that **NO** guarantee can be given as to the final result obtained.

_____(initial) I also understand that I have the right to refuse, modify or terminate the session at anytime.

_____(initial) I confirm that I have informed the staff regarding any current or past medical condition, disease or medication taken.

_____(initial) I consent to the taking of photographs and authorize anonymous use for the purposes of medical audit and education.

_____(initial) I certify that I have been given the opportunity to ask questions and that I have read and fully understand the contents of this consent.

Patient Signature : _____ Date : _____

Witness : _____ Date : _____

PRIVACY POLICY

The information received and collected about our clients from their visit to A New You is strictly private and confidential. The information is used and viewed only by professionals associated with A New You. A New You will not give, share or transfer patient's information to a third party unless required by law. Under **NO** circumstances will this communication happen without signed consent of the patient.

Please notify us if you would like to receive a copy of this Privacy Policy.

I have carefully read all the above information and am fully aware of what I am signing. I understand that I may have to medical staff for additional information before signing this consent form.

Patient Signature : _____ Date : _____

Witness : _____ Date : _____