

# Client Consent Form

Name: \_\_\_\_\_ D.o.B: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Service being provided (check all that apply):

☐ Inkless Tattoo & Skin Renewal

☐ Sugaring

☐ Waxing

☐ Brows/Lashes Services

☐ Facial

☐ Vajacial

Do you currently (check all that apply):

☐ Take Vitamin D

☐ Use tanning beds

☐ Use facial products (only for face procedures):

please list products here: \_\_\_\_\_

Is there any other information you think your service provider should know?

\_\_\_\_\_  
\_\_\_\_\_

I acknowledge any risks associated with performing this procedure and have been informed of possible post-procedure side effects.

Any concerns I have with this procedure have been addressed by my service provider. I understand that my service provider will take necessary precautions to prevent risks from occurring during the procedure and release them from all liability when assuming these risks.

I will adhere to all post-procedure recommendations made by my service provider, to ensure best quality of service.

I certify that the above information is correct and that I have disclosed all conditions that may affect my quality of service and risks associated with my service provider. I have not withheld any information that may increase risks associated with agreed services.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# HIPAA (Release Form)

Name: \_\_\_\_\_ D.o.B: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Release of Information:

I authorize the release of information including appointment details, procedures rendered to me, records and claims information. Information may be released to:

- ☐ /pouse/Partner \_\_\_\_\_
- ☐ Children \_\_\_\_\_
- ☐ Other \_\_\_\_\_
- ☐ DO NOT release to anyone

This release will remain in effect until terminated by me in writing.

## Contact & Messaging:

Please contact me via: ☐ Phone Call ☐ Text ☐ Email

If you are unable to reach me, or for text/email communication:

- ☐ you may leave a detailed message
- ☐ leave a message asking me to return your call
- ☐ other: \_\_\_\_\_

Client /signature: \_\_\_\_\_ Date: \_\_\_\_\_

