

## Policies and Client Consent

### Authorization to Release and Disclose Photographs

I voluntarily consent to the Copyright, publication, and use of my picture and likeness by The Renewal Center, affiliates, successors, and assignees.

By signing this form, I am allowing The Renewal Center, affiliates, successors, and assignees to disclose photographs taken of me before, during and after treatment. I understand that once my photographs have been disclosed to The Renewal Center, affiliates, successors and assignees the photographs will no longer be protected by federal privacy laws.

(Please initial either yes or no on each line)

For research, educational, and in-office use:	Yes		No	
For publication in medical journal and/or textbook:	Yes		No	
For general advertising, publicity, or promotional purposes (print and internet use):	Yes		No	

### Refund Policy

Our intent is for each client to be 100% satisfied with our services. Returns and refunds are limited to the following situations:

1. Services that are performed or pre-paid cannot be refunded.
2. Deposits for services cannot be refunded.
3. Product can only be refunded if unused and in its original packaging.

Initials\_\_\_\_\_

Please call at least 24 hours ahead of time if you must cancel an appointment. There is a \$25 charge if you fail to show up for a scheduled appointment or cancel with less than 24 hours notice.

Initials\_\_\_\_\_

I acknowledge that I have revealed any current or previous condition that may affect the outcome or efficacy of the treatment and that I have revealed any use of medications.

Initials\_\_\_\_\_

I understand that the treatment may involve risks of complication or injury from both known and unknown causes, and I freely assume these risks.

Initials\_\_\_\_\_

I understand that I have the right to refuse treatment.

Initials\_\_\_\_\_

Due to the nature of this treatment, exact results cannot be predicted and I acknowledge no guarantees have been made to me as to the results that may be obtained. I further acknowledge that no promises of permanence have been made to me regarding any treatments.

Initials\_\_\_\_\_

I certify that I have read this entire Informed Consent and that I understand and agree to the information provided orally and in this form. I certify that I am a competent adult over 18 years of age. This Informed Consent is freely and voluntarily executed and shall be binding upon my spouse, relative, legal representatives, heirs, administrators, successor and assigns.

Initials\_\_\_\_\_

I agree to adhere to all safety precautions and regulations during the treatment and will follow post treatment instructions.

Initials\_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_