

PHOTOGRAPHY RELEASE CONSENT

I, (print name) _____, hereby grant permission to Body+Beauty Lab, to take and use photographs and/or digital images of me for use in news releases and/or educational materials. These materials might include printed or electronic publications, web sites or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of Body+Beauty Lab.

Client Signature _____ **Date** _____

PAYMENT AND CANCELLATION POLICIES

Payment is expected from you in full at the time of service for all treatments. For your convenience, we accept Cash, Visa, MasterCard, American Express, Discover and Care Credit. We request 24 hour notice for cancellation of any appointments. Failure to provide at least 24 hour cancellation notice will be charged 50% of your service to the credit card on file. Your signature below indicates that you understand and accept these policies.

Client Signature _____ **Date** _____

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

You understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), you have certain rights to privacy regarding your protected health information. A copy of the Notice of Privacy Practices containing a more complete description of the uses and disclosures of your health information is available upon request. You understand that Body+Beauty Lab has the right to change its Notice of Privacy Practices from time to time and that you may contact this organization at any time to obtain a current copy of its Notice of Privacy Practices.

Client Signature _____ **Date** _____