



# NOWAK AESTHETICS

## **Page 1 Agreement electronic signature disclaimer**

Your electronic signature is a legally binding equivalent to your handwritten signature and throughout this document whenever you execute an electronic signature / initials it will have the same validity and meaning as your handwritten signature and / or initials.

## **Page 2 Nowak Aesthetics HIPAA Notice**

I, the undersigned, understand as part of my healthcare, this practice originates and maintains my personal health records describing my health history, symptoms, examinations, test results, diagnoses, treatment(s), and any plans for future care or treatment. I understand that this information serves as: A basis for planning my care and treatment. A means of communication among the various healthcare providers who contribute to my care. A source of information for applying my diagnosis to my bill.

A means by which a third-party payer can verify that services billed were actually provided.

A tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals.

I understand and have been provided with access to the "Notice of Privacy Practices" that provides a more comprehensive description of information uses and disclosures. I understand that I have the right to review the notice prior to signing this consent. I understand that the practice reserves the right to change their "Notice of Privacy" policies. I understand that I have the right to request restrictions as to how my healthcare information may be used or disclosed to carry out treatment, payment, or healthcare operations and the practice is not required to agree to the restrictions requested. I understand that I may revoke this consent at any time, in writing, except to the extent that the practice has already taken action in reliance thereon. I understand that I am responsible for services rendered and this responsibility applies to co-payments, deductibles, co-insurance amounts, full payment if uninsured plus payments for cosmetic procedures that are not covered by the patient's insurance carrier(s).

I understand that I give consent to be treated by the physician and his/her directed medical support staff. I request that all payment of authorized Medicare or other insurance company benefits be made to Nowak Aesthetics, for all services furnished to me by that physician/supplier. I understand that the practice may condition treatment upon the execution of this consent and I fully understand and accept the terms of this consent.

## **Page 3 HIPAA Patient Confidentiality Assignments**

Because Patient Confidentiality is a primary part of Patient Care at Nowak Aesthetics, it is important that you provide us with the following information to ensure that there are no violations of your privacy:

Family Member (Name, Relationship, Phone #)

Answering Machine / Voice Mail (Phone #)



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Other (Please Specify)

MAY NOT leave test results or information with anyone other than myself (Yes)

## **Page 4 Nowak Aesthetics cancellation policy**

I understand that I have an appointment blocked for my particular treatment (time allotted may vary according to treatment). I understand that I am the ONLY person scheduled for that time period. I understand that if I must cancel my appointment, I must call the direct number for Nowak Aesthetics at (619) 420-1840. I must speak to the front desk or leave the date and time of the cancelled appointment on the message line. I also understand that if I DO NOT cancel within a 48-hour period (weekends NOT included) or DO NOT show up for my appointment, I will be CHARGED a missed appointment fee of 50% of the payment collected for each appointment missed.

If you arrive within 10 minutes past your scheduled appointment time, your appointment may be shortened (depending on your treatment). Any person arriving 10 minutes past their scheduled appointment will be considered a no show and cancellation fee's will apply.

## **Page 5 Nowak Aesthetics Credit card policy**

The INTUIT Customer Profile Management Module securely stores the data off-site, eliminating the need to re-key or store account data on paper or in our computer systems. It is simple, safe and secure.  
PROTECTION OF CARDHOLDER DATA AND CUSTOMER DATA

INTUIT had implemented various measures, including appropriate administrative, technical and physical safeguards, designed to ensure the security and confidentiality of Cardholder Data and Customer Data, protect against anticipated threats or hazards to the security or integrity of such information and to protect against unauthorized access to such information. Such measures may include, among others, encryption, physical access security and other appropriate technologies.

INTUIT continually reviews and enhances its security systems as necessary.

INTUIT is subject to the detailed rules and regulations of various credit card and debit card organizations and networks (i.e. VISA, MasterCard, American Express, NYCE, Star, etc.), relating to the security and safeguarding of Cardholder Data, including, but not limited to the Payment Card Industry Data Security Standards ("PCI"), VISA, Inc.'s Cardholder Information Security Program ("CISP") and MasterCard International's Site Data Protection Program ("SDP").

INTUIT endeavors to comply with all such rules at all times.

Pursuant to such rules and regulations, INTUIT is required to undergo periodic Third-Party assessments and periodic network scans to insure that, among other things, INTUIT has installed and maintains a firewall configuration to protect data; does not use vendor supplied defaults for system passwords and other security parameters; protects stored data; encrypts transmission of Cardholder Data and other sensitive information across networks; uses and regularly updates anti-virus software; develops and



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maintains systems and applications; restricts access to data with a business need to know; tracks and monitors all access to network resources and Cardholder Data; regularly tests security systems and processes; assigns a unique ID to each person with computer access; restricts physical access to Cardholder Data; and maintains a policy that addresses information security.

## AUTHORIZATION

By signing below, I authorize Nowak Aesthetics to collect my credit card data for storage and future use. I understand that the data will be stored only by the affiliated third-party, secure, PCI compliant credit card vendor (INTUIT) and that the information will not be stored by Nowak Aesthetics at ANY time.

### **Page 6 Electronic Signature**

I agree that my electronic signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

Print Name

Date