



# NEW RIVER

a e s t h e t i c s

Daniel S. Hurd, D.O., F.A.O.C.D

Joe A. Sheets, PA-C

Debra Farley, R.N.  
Licensed Master Esthetician  
Licensed Cosmetologist

**Please circle yes or no after each statement:**

- |  |            |               |
|--|------------|---------------|
| I have had the opportunity to review and agree with the privacy practices of New River Aesthetics. | <b>Yes</b> | <b>No</b>     |
| New River Aesthetics may speak to my spouse regarding ANY of my medical information.               | <b>Yes</b> | <b>No N/A</b> |
| May we leave a message with household members regarding your future appointments?                  | <b>Yes</b> | <b>No N/A</b> |
| May we leave a message on a voice mail regarding your future appointments?                         | <b>Yes</b> | <b>No N/A</b> |
| Are there any other family members you authorize to receive your information?                      | <b>Yes</b> | <b>No</b>     |

If so please list their names and phone numbers below:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**APPOINTMENTS:** We will see patients by scheduled appointments, and our office staff will make every effort to schedule your appointment at a time that is most convenient for you. If you need to cancel your appointment, please call at least 24 hours in advance of your scheduled time so that we may provide that appointment time to another patient. *We will confirm your appointment prior to the scheduled date and time. Failure to show for a confirmed appointment will result in a \$40.00 no-show fee that is not billable to your insurance. Please refer to the no-show policy.*

**SELF PAY/NON PARTICIPATING INSURANCE POLICY:** New River Aesthetics does not participate with medical insurance companies. It is your responsibility to pay in full for each service at the time of visit. By signing below, I understand that New River Aesthetics is a non-participating provider with any medical insurance I understand that cosmetics are self-pay and that I am responsible for all services rendered by New River Aesthetics.

**CONSENT FOR HIV, HEPATITIS B OR C TESTING:**

New River Aesthetics is required by Section 32.1-45.1 of the Code of Virginia (1950), as amended, to give you notice that if any New River Aesthetics health care provider, worker or employee should be directly exposed to your blood or body fluids in any way that may transmit disease, your blood will be tested for infection with human immunodeficiency virus (AIDS virus) as well as Hepatitis B and C. A physician or other health care provider will notify you of the results of the test. Under VA Code Section 32.1-45.1 A, you are deemed to have consented to release of the results to the person exposed. New River Aesthetics will only be responsible for any expenses incurred for this testing under the circumstances listed above.

**By signing below, I acknowledge and consent to the above policies and procedures of New River Aesthetics**

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

Patient Printed Name \_\_\_\_\_

