CONDITIONS FOR TREATMENT

Consent to Medical and Photographs

The undersigned (hereinafter "Patient" which shall also include parents or legal guardians if the Patient is a minor or lacks legal capacity and representatives of the Patient), consent to the procedures and services that may be performed by Blush Skincare & Wellness (hereinafter referred to as the "Provider"). I consent to the taking of pictures of my medical condition or treatment, and the use of the pictures and medical history and/or medical records for purposes of my diagnosis or treatment or for education or training programs conducted by the Provider. I understand that I have the right to request the cessation of recording or filming.

Personal Belongings

It is understood and agreed that the Provider shall not be liable for the loss or damage to any money, jewelry, documents, and/or other articles of any value.

Patient Personal Health Information

The Patient agrees and provides consent to the Provider to discuss and disclose his/her personal health and medical information ("PHI") with any of its staff, its representatives and third parties for purposes of treatment, payment of services or operations. Specifically, the Provider may release Patient PHI to Pharmacy consultants for the purpose of prescribing medications and medication management.

Financial Agreement

The Patient agrees, whether he/she signs as agent or as Patient that in consideration of the services to be rendered to the Patient, he/she hereby individually obligates him/herself to pay the account of the Provider in accordance with the regular rates and terms of the Provider. Should the account be referred to an attorney or collection agency for collection, the Patient agrees to pay actual attorneys' fees and collection expenses plus interest at 10% annum.

Consent to Communication by Email and Text

The Patient and his/her agent or representative herby voluntarily provide their email address and cell telephone number to the Provider and its authorized representatives Pharmacy Consultants. The Patient and his/her agent or representative hereby authorizes the Provider and its authorized representatives Pharmacy Consultants to send and otherwise communicate with Patient or his/her agent or representative by email or text message with respect to the Patient's Medical Claims. The Patient and his/her agent or representative hereby voluntarily consents to such electronic communication as required by 15 USC 7001 and related state regulations and statutes. The Patient and his/her agent or representative may provide written notice to the Provider or its authorized representative Pharmacy Consultants to receive any communication on paper or non-electronic form. The Patient and his/her agent or representative agrees that his/her consent is continuous. However, the Patient and his/her agent or representative may terminate this consent in writing to the Provider or their authorized representative Pharmacy Consultants. There are no hardware or software requirements needed to receive email communication from the Provider or any of their authorized representatives including Pharmacy Consultants other than having an active email account and a cell phone that receives text messages from a vendor that provides such email accounts and texting options. The Provider and its authorized representatives Pharmacy Consultant agree that it will not sell share, or rent patient email addresses, cell phone numbers or any personal information collected based upon this consent.

PATIENT, PATIENT'S PARENT, LEGAL GUARDIAN, OR REPRESENATATIVE ACKNOWLEDGEMENT

I hereby acknowledge that at the beginning of my treatment or services rendered by the Provider, I have been furnished with these **Conditions for Treatment** document. I voluntarily consent and agree to the **Conditions for Treatment** for services to be rendered by the Provider.

I understand that I release Blush Aesthetics & Wellness and its associates, the Medical Supervisor, the technician performing services and any Blush Aesthetics & Wellness employee involved in my treatment from any liability associated with complications from the treatment.

I CONSENT TO THE TREATMENT OR PROCEDURE. I AM SATISFIED WITH THE EXPLANATION.