Revive Valley Health Clinic
8609 Sudley Rd, Suite 204 · Manassas, VA 20110 · (571) 379-0442

General Treatment Consent, Privacy Acknowledgement & Financial Policy

Required for all new patients, including aesthetic, weight management, metabolic testing and nutrition visits.

Patient information

Patient name _____ Date of birth _____

Phone _____ Email _____

Consent to evaluation and treatment

I voluntarily consent to evaluation and treatment by the licensed providers and clinical staff of Revive Valley Health Clinic. I understand that aesthetic and wellness services are elective, that the practice of medicine is not an exact science, and that no guarantee has been made to me about results.

Health history and honest disclosure

I agree to provide a complete and accurate medical history, including all medications, supplements, allergies, prior cosmetic treatments, pregnancy status and medical conditions, and to update the practice if anything changes. I understand that withholding information may lead to complications.

Privacy practices (HIPAA)

I acknowledge that I have been offered a copy of the Notice of Privacy Practices describing how my protected health information may be used and disclosed for treatment, payment and healthcare operations, and my rights regarding that information.

Communication authorization

- I authorize the practice to contact me by phone, voicemail, SMS and email regarding appointments, clinical results and follow-up care.
- Marketing messages are optional and I may opt out at any time.

Photography and media

I consent to clinical photography for my medical record. Use of my images in education, social media or marketing requires my separate written authorization, which I may revoke at any time for future use.

Financial, cancellation and refund policy

- Payment is due at the time of service. Aesthetic and wellness services are generally not covered by insurance.
- A card on file may be required to reserve appointment time.
- Please provide at least 24 hours' notice to cancel or reschedule; late cancellations and no-shows may be charged a fee.
- Injectable product, dispensed medication, supplements and completed services are non-refundable. Packages are non-transferable and expire 12 months from purchase.

- Supplement and nutraceutical recommendations are not a substitute for care from my primary care provider, and I will review new supplements with any other treating clinicians.

Acknowledgement & signature

I have read and understand this form. I have had the opportunity to ask questions, and my questions were answered to my satisfaction. I understand that no guarantee has been made regarding results, and that I may withdraw my consent at any time before treatment begins. I confirm the health history I provided is accurate and complete.

Patient signature Date

Provider / witness signature Date