

THE HYPERPIGMENTATION CLINIC – CHEMICAL PEEL CONSENT FORM AND CONTRACT

This form sets out the key terms and conditions applicable to the purchase of a Chemical Peel (the “Treatment”) from The Hyperpigmentation Clinic (the “Clinic”). By signing this form, you hereby agree and consent to its terms.

1. The Treatment

The Treatment consists of the following elements:

- Degreasing the skin with Acetone followed by a Pre-treatment Peel Mask. You acknowledge that this can lead to a mild stinging sensation for a few seconds, prior to washing from the skin.
- Chemical Peel application. This remains on the skin for up to 8 hours. You confirm that, if the skin becomes too hot at any time during this 5-8 hour period, you will wash off the peel mask immediately, even if before expiry of the 5-8 hour period.

The Treatment will be performed by a qualified practitioner. The Clinic cannot guarantee Treatment by same practitioner each time. Full details of the ingredients used in all elements of the Treatment can be found at ‘How it Works’ section at www.TheHyperpigmentationClinic.com.

2. Results of the Treatment

The Clinic does not guarantee results & does not accept responsibility or liability for results of the Treatment not being as anticipated or as discussed with any employee or agent of the Clinic. In general, it may take up to 3 sessions of the Treatment to obtain a noticeable reduction in hyperpigmentation. Please note this is an estimate based on past results only, not a prediction of your results or guarantee.

On average, most clients (approx. 95%) experience a noticeable positive change. In practice, this means that some individuals may not respond to the Treatment, or other equivalent treatments.

3. Risk Warnings

You confirm and agree that the following side effects, although rare, are a possibility as part of the Treatment:

- Your skin may become dry, flaky, darker, red (<5%) or swollen (<2%) following the Treatment. Please note this is normal and usually temporary.
- Although it rarely occurs, you may experience a skin reaction (<1%) or Post Inflammatory Hyperpigmentation (<0.5%). In the event of this occurring, please contact the Clinic by email immediately, and the Clinic will work with you to reduce the effects of the reaction or P.I.H.

The Clinic does not accept any responsibility or liability where you experience any of these side effects. The Clinic does not accept any responsibility or liability where you deviate from prescribed guidelines and protocols, which are either included within this form or explained to you verbally as part of your Treatment.

You confirm that, if you are using a Priming Cream, this usage must be discontinued seven (7) days before treatment. Otherwise, the Clinic will not provide the Treatment on the day of booking, and will not accept any responsibility or liability for inconvenience caused to you by having to rearrange an appointment for the Treatment.

4. Communication with the Clinic

All communication with the Clinic, following the Treatment, must be submitted by email. This is to ensure accurate record keeping. Follow-up reviews are conducted by email, not by in-person appointments. The Clinic recommends that you take photographs of your skin, and keep a log of these, before, after and at various intervals during the 12-week post-Treatment period. The Clinic does not store these photographs.

Written, verbal or physical abuse to employees or agents of the Clinic will not be tolerated at any time or for any reason.

The Clinic complies fully with current & applicable data protection legislation, and acts as data controller in respect of the personal data provided by you to the Clinic. Information on the Clinic’s privacy procedures can be found at our website.

5. Payment

Payment is required in full, for the full number of Treatments purchased, on day one of the Treatment. The following charges apply:

- If Treatment is booked and paid for, there is a 7 day ‘cooling off period’, where you can cancel & receive a refund. The refund will be returned to you within 10 days, minus a £40 administrative fee. No refunds will be provided outside this 7 day period
- £40 charge for a missed or late appointment. A ‘missed appointment’ is where you do not show for an appointment or fail to have it for invalid reasons. A ‘late appointment’ is where you are more than 5 minutes late for an appointment.
- A £40 charge is applicable where you cancel an appointment with less than 5 days’ notice, or cancel more than once.
- Refunds will not be given as a result of particular results or reactions, as the Clinic cannot confirm that post-Treatment instructions were fully adhered to.
- In the event of non-payment for any element of the Treatment, you authorise the Clinic to charge any outstanding balances to a previously-used payment method without further notice.

6. Confidentiality

You will keep all of the Clinic’s confidential information private and not disclose it to any 3rd party unless required to by a court of law, or with the Clinic’s consent. The Clinic’s confidential information includes information on how the Treatment is conducted & any particular techniques used.

You agree not to publicly disparage the Clinic or the Treatment at any time before or following the provision of the Treatment.

Please tick if you have any of the below active conditions

- Dry skin
- Skin tumours
- Psoriasis
- Dermatitis
- Skin cancer
- Eczema
- Diabetes
- Porphyria
- Dark moles
- Epilepsy
- Tattoos
- Allergies; if so, please specify _____

In the last 8 weeks, have you undergone (please tick):

- Self-tanning / high UV exposure
- Chemical peels / Laser treatments
- Microdermabrasion
- Botox

Does any of the following apply to you?

- Are you on any medication? If so, please specify _____
- Are you on Roaccutane/Isotretinoin or used it in last 6 months?
- Have you ever used Hydroquinone?
- Are you pregnant or breastfeeding?

Please confirm the following:

- I do not have any medical conditions or allergies, nor have I received advice, that would prevent me from receiving the Treatment
- I confirm I have received a patch test and written instructions of the Treatment to be administered
- I understand that there is a small chance of temporary redness, darkness, itching, swelling or spots following the Treatment
- I understand that quoted results are approximate historic averages, and are not guaranteed by the Clinic
- I certify that I have read this entire form & understand and agree to the information provided within

Client Signature	
Client Name	
Telephone Number	
Email Address	
Date	