



IT'S A SECRET ACADEMY TREATMENT MODEL ELIGIBILITY CRITERIA

As part of your agreement to participate as a treatment model, please confirm the following:

1. You are **open to a customized treatment plan** based on your provider's clinical assessment. While your goals and preferences will always be considered, **final treatment decisions will be guided by the provider** to ensure safe, balanced, and optimal results.
2. You are **comfortable with needles** and with **providers discussing your treatment** in your presence.
3. You understand this may be a **teaching environment** and that **multiple providers may be present, observing, or participating** in your treatment.
4. You acknowledge that model **appointments may take longer** than standard appointments due to training and discussion.
5. You consent to **photos and/or videos** being taken **before, during, and after treatment**, and understand that **marketing may use this content to showcase student work for educational and promotional purposes**.
6. You understand that **treatment areas and products may vary** based on clinical judgment and training needs.
7. You acknowledge that **results may vary** and that additional treatments or follow-up appointments may be recommended to achieve optimal outcomes.
8. You understand that **specific results cannot be guaranteed**.
9. You agree to **provide accurate and complete medical history**, including all medications, conditions, and prior treatments.
10. You understand that **your schedule must be flexible** and **appointment timing may be adjusted or extended** due to the learning environment.
11. You agree to **eat prior to your appointment** to help reduce the risk of lightheadedness or discomfort during treatment.
12. You agree to arrive to your appointment with a **clean face and no makeup on the treatment area**.

If you are unable to confirm the above, you will not be eligible for selection as a treatment model.