

MEDICAL DIRECTOR SERVICES AGREEMENT (TEMPLATE)

This Medical Director Services Agreement (“Agreement”) is entered into as of _____ (“Effective Date”) between:

Medical Director: _____

License Number: _____

State: _____

and

Facility Owner/Operator: _____

Business Name: _____

Facility Address: _____

The parties may be referred to individually as a “Party” and collectively as the “Parties.”

1. PURPOSE

The Facility provides laser hair removal or light-based cosmetic services requiring medical oversight under applicable laws and regulations. The Medical Director agrees to provide supervisory and consultative services necessary for the Facility to operate in compliance with those laws.

This Agreement establishes supervision responsibilities, communication expectations, and safety procedures.

2. MEDICAL OVERSIGHT RESPONSIBILITIES

The Medical Director shall:

- Establish or approve treatment protocols
- Review contraindications and safety standards
- Be available for clinical consultation when required
- Provide guidance in adverse event situations

- Ensure procedures meet applicable medical standards

The Facility agrees to follow all approved protocols and directives.

3. FACILITY RESPONSIBILITIES

The Facility shall:

- Obtain signed consent and medical history from each client
- Ensure only properly trained personnel perform treatments
- Maintain treatment records and documentation
- Follow safety procedures and contraindications
- Operate equipment according to manufacturer instructions

The Facility is responsible for day-to-day operations and staff management.

4. CONSULTATION & EMERGENCIES

The Medical Director shall be available for consultation regarding:

- Burns or blistering
- Infection or abnormal healing
- Unexpected reactions
- Any treatment complication

If necessary, the Medical Director will determine whether the client should be evaluated in person or referred for medical care.

5. AUDITS & REVIEW

The Medical Director will periodically review Facility operations, which may include:

- Chart reviews
- Protocol verification
- Staff compliance review
- Documentation review

The frequency and method of review shall comply with applicable state requirements.

6. QUALIFICATIONS & COMPLIANCE

The Facility represents that:

- All staff hold required certifications
- Required licenses and permits are maintained
- Services are performed within scope of practice
- Applicable laws and regulations are followed

7. INDEPENDENT CONTRACTOR RELATIONSHIP

The Medical Director is an independent contractor and not an employee of the Facility. The Medical Director is not responsible for business operations, staffing, scheduling, billing, or non-clinical matters.

8. TERM AND TERMINATION

This Agreement begins on the Effective Date and continues until terminated.

Either Party may terminate with ____ days written notice.

Immediate termination may occur if patient safety or legal compliance is compromised.

9. GOVERNING LAW

This Agreement shall be governed by the laws of the state in which the Facility operates.

10. ENTIRE AGREEMENT

This document represents the entire agreement between the Parties and may only be modified in writing signed by both Parties.

SIGNATURES

Medical Director

Signature: _____

Name: _____

Date: _____

Facility Owner

Signature: _____

Name: _____

Date: _____

OPTIONAL ADDENDUMS (IF REQUIRED BY STATE)

- Delegation Agreement
- Emergency Contact Procedure
- Treatment Protocols
- Chart Review Schedule
- Alternate Physician Designation