

CONSENT TO RELEASE PATIENT TESTIMONIAL

Thank you for providing a testimonial concerning the care you have received as a patient of Acu-Care LLC and/or its acupuncturists. By this Consent to Release Patient Testimonial, you are authorizing Acu-Care LLC to use your testimonial, in whole or in part, on a limited basis as defined below.

Consent To Use Of Testimonial Information: I authorize Acu-Care LLC to use my testimonial and any information contained in the testimonial (“testimonial information”) in its public relations efforts. I understand that Acu-Care LLC may disclose the testimonial information on its website, in brochures, and in other marketing materials or presentations available to the public. Acu-Care LLC may use my testimonial information without my further or prior approval. I release Acu-Care LLC from all claims for damages of any kind based on Acu-Care’s use of my testimonial information for this purpose.

Other Information Remains Confidential: I understand that only the information I have included in my testimonial may be disclosed to the public. Any other information in Acu-Care LLC’s records, including private health information in my medical records that may be protected under the Health Insurance Portability and Accountability Act (HIPAA), or other federal or state laws, will continue to be kept confidential.

Right To Revoke: I understand that I have the right to revoke this Consent to Release at any time by giving Acu-Care LLC written notice of my revocation. Acu-Care LLC will remove my testimonial information from its website and other written materials within ten days of Acu-Care LLC’s receipt of my revocation. My revocation of this Consent to Release does not affect Acu-Care’s right to disclose my testimonial information at any time prior to receiving notice of my revocation.

Print Name: _____

Signature: _____

Date: _____

Please provide your contact information.

Address: _____

City, State, and ZIP code: _____

Phone: _____

E-mail: _____