



## Testimonial Form

As a person who has experienced the benefits of Chiropractic care, we want to hear your story! Has Chiropractic relieved your pain and given you back the ability to enjoy life? Has it helped you avoid surgery, or improved your sleep, or aided in digestion? However Chiropractic has impacted your life, we'd love to hear you tell your story!

Please comment on the questions below on how Chiropractic care has helped you or your loved ones. Feel free to use a separate sheet of paper if you need more room. When you are finished, please read and sign the release on the back to give us permission to use your testimonial. Then simply turn the testimonial in at your next appointment. We might share your story with other patients or even the media! We love to hear how we have improved the health, wellness, and quality of life of our patients through Chiropractic care. Your testimonial could help improve the lives of others by showing how Chiropractic has positively impacted your life.

1. How has Chiropractic care improved your life?

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2. What would you tell a friend or family member who was curious about Chiropractic care?

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3. What has pleased you most in your course of treatment with Mountain Valley Chiropractic?

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4. Additional comments:

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## Patient Testimonial Release Consent

Purpose of Consent: By signing this form, you are consenting to allow Mountain Valley Chiropractic to use and disclose the information in your testimonial via various marketing materials, including web site, email, print and other marketing materials. If, at any time, you would like to remove your testimonial from future use, you may do so by contacting Mountain Valley Chiropractic.

### CONSENT TO RELEASE

I hereby authorize Mountain Valley Chiropractic to use my testimonial and any information contained within in its public relations efforts. I understand and approve the disclosure of testimonial information to the media and other individuals and entities that may be involved in the public relations efforts of Mountain Valley Chiropractic.

I understand that I am providing the testimonial information to Mountain Valley Chiropractic and that my treating healthcare provider will not be providing any protected information to the media or the public, including private health information in my medical records, the confidentiality of which may be protected by federal and state statutes and regulations, including the Health Insurance Portability and Accountability Act (HIPAA).

I waive the right of prior approval and hereby release Mountain Valley Chiropractic from any and all claims for damages of any kind based on the use of my testimonial or information in the testimonial. By signing below, I agree and acknowledge that I have read and understood the above Release and agree to all terms described. I am of legal age and freely sign this Consent to Release my Patient Testimonial.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

**Thank You!**