



**NEU  
MEDICAL**

### TESTIMONIAL RELEASE CONSENT

Purpose of Consent: By signing this form, you are hereby consenting to allow **Neu Medical, LLC** to use and disclose the information in your testimonial and acknowledge that Neu Medical may copy, exhibit, publish or distribute your testimonial for purposes of publicizing **Neu Medical's** programs or for any other lawful purpose.

Right to Revoke: You have the right to revoke this Release at any time by providing written notice of your revocation and submitting it to **Neu Medical**. Please understand that revocation of this Release will not affect any action **Neu Medical** took in reliance on this Release before receiving your revocation.

### CONSENT TO RELEASE

I hereby authorize **Neu Medical** staff to use my testimonial and any information contained herein in its public relations efforts. This information can include my testimonial, photo or video (where applicable) as affirmed below. These items may be used in printed publications, multimedia presentations, on websites or in any other distribution media. I understand and acknowledge that the media may be interested in telling my story, and I am willing to cooperate and participate in media interviews as they arise.

I understand that I am providing the testimonial information to **Neu Medical**. I agree that I will make no monetary or other claim against **Neu Medical** for the use of my statements. I understand that my treating healthcare provider (if applicable) 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 regulation, including the Health Insurance Portability and Accountability Act (HIPAA).

I waive the right of prior approval and hereby release **Neu Medical** from any and all claims for damages of any kind based on the use of my testimonial or information in the testimonial. By initialing below I agree that this release will apply to each of the following:

\_\_\_\_\_ My written testimonial

\_\_\_\_\_ My video testimonial

\_\_\_\_\_ My photograph (shown below) in conjunction with my 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 all items listed above.

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Signature

Date

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Print Name

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Address

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Phone

Email