



PATIENT TESTIMONIAL USE CONSENT AND RELEASE FORM

Purpose of Consent: By signing this form, you are hereby granting Health Services, LLC, and others working for or on its behalf including, but not limited to, advertising agencies, promotion agencies, and fulfillment agencies (the "Licensed Parties") to use and publicize your name and testimonial and any information contained therein, including certain individually identifiable health information, for advertising, promotion and other commercial and business purposes, which may be distributed to the public in various formats.

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: **Health Services, LLC, 1059 E. Iron Eagle Drive Suite 175 Eagle, ID 83616**

Note: Revocation of this Release will not affect any action or use of your testimonial and the information contained therein prior to our receipt of revocation.

Consent and Release

I hereby permit and authorize the Licensed Parties to display, publicly perform, exhibit, transmit, broadcast, reproduce, record, photograph, digitize, modify, alter, edit, adapt, create derivative works, or otherwise use and permit others to use my name and testimonial and any information contained therein, including certain individually identifiable health information, as well as other and all materials created by or on behalf of the Licensed Parties that incorporate any of the foregoing, on a perpetual basis in any medium or format whatsoever now existing and hereafter created for the purpose of advertising, public relations, publicity, packaging and promotion of the Licensed Parties and their products and services without further consent from or royalty, payment or other compensation to me.

I understand that I shall have no right of approval, no claim to additional compensation, and no claim related to any use of the above. I also agree that I will have no rights in or to any and all copyrights, photographs or other creative works in which any of the above are used.

By signing this Release I agree and acknowledge that I have read and understood the above Release and agree to all terms described and confirm that I am of legal age and freely sign this Release.

Signature

Date

Printed Name

Address (Full Street, City, State, Zip)

If we need to contact you regarding this Release or your testimonial, how would you prefer we do so?

☐ Email

☐ Phone

☐ Mail

