Lauderdale Wellness Center

2443 Larpenteur Ave. W., Lauderdale, MN 55113

Client/Patient Testimonial Release Authorization Form

Purpose of Authorization: By signing this authorization form, I am providing Lauderdale Wellness Center to distribute and share my client testimonial that I provided. Sharing my client testimonial may include posting the information on the company website, posting the testimonial information on Lauderdale Wellness Center's social media pages, and including my testimonial on printed advertisements and promotions. I agree that I am voluntarily sharing my testimonial about services from and I am receiving no financial remuneration from Lauderdale Wellness Center for providing my testimonial and allowing them to use my protected health information for marketing purposes.

Right to Revoke: I understand that I have the right to revoke this authorization at any time by providing a written request to the Privacy Officer at Lauderdale Wellness Center. I understand that if I choose to revoke this authorization, it will become effective on the day of the revocation of the authorization. Any prior uses and disclosures of my testimonial with my protected health information will not be subject to the revocation of the authorization. I understand that Lauderdale Wellness Center will make it best effort to remove my testimonial and protected health information from Lauderdale Wellness Center's website and other social media pages.

Components of my Testimonial: I understand that the client testimonial for Lauderdale Wellness Center will only include my initials, city and state and information provided to the organization in my testimonial. I understand that all other protected health information that Lauderdale Wellness Center creates and maintains for purposes of my care will not be used in my testimonial or for marketing purposes without prior authorization per privacy regulations of the state and Health Insurance Portability and Accountability Act (HIPAA).

By signing below, I agree and acknowledge that I have read and understood all of the elements of this authorization for use of my client testimonial. This authorization will expire 12 months after the date of the signature. After the expiration, I understand that Lauderdale Wellness Center will not be allowed to use my testimonial for any future marketing purposes. It does not require Lauderdale Wellness Center to remove my testimonial from the website or other social media pages unless I specifically request a revocation of this authorization.

I prefer to be identified in the following way for my client testimonial:

- o My first and last initial and city, state only (S. S., City, State)
- o Please leave my identity anonymous (Anonymous, City, State)
- o My first and last initials only. Please leave my location off of my client testimonial.
- o Other_____

Signature: _____ Date: _____

If not patient, Relationship to Patient: _____

Name (Printed):_____ Date of Birth _____ `