

# **HAMILTON HOLISTIC WELLNESS CENTER**

2131 Route 33  
Hamilton, NJ 08690  
(609) 586-6300

## **SHARE YOUR CHIROPRACTIC STORY!**

You've been a Chiropractic patient and you've seen firsthand how effective it can be! Help us share your story with the world! Has Chiropractic relieved your pain and given you back the ability to enjoy life? Has it helped you avoid surgery? Has Chiropractic changed your world and improved your life? Whatever your testimonial, don't keep it to yourself!

### **1. How has Chiropractic care improved your life?:**

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### **2. What would you say to a friend or family member who was curious about Chiropractic Care?**

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### **3. What has pleased you the most in your course of treatment at our practice?**

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## CONSENT TO RELEASE

I hereby authorize **Hamilton Holistic Wellness Center** and staff to use my testimonial and any information contained herein 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 our public relations efforts.

I understand that **Hamilton Holistic Wellness Center** 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 understand that my patient confidentiality will be respected by using only my first name and my last name's initial.

I waive the right of prior approval and hereby release **Hamilton Holistic Wellness Center** 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name