

Scott Tong, MD and Specialdocs Consultants
Patient Testimonial Release Authorization Form

Purpose of Authorization: By signing this authorization form, I am authorizing Dr. Scott Tong and Specialdocs Consultants (SC) to share my client testimonial that I provided. Sharing my client testimonial may include posting the information on the companies' websites, social media pages, advertisements and promotions. I agree that I am voluntarily sharing my testimonial about services from Dr. Tong and I am receiving no financial remuneration from Scott Tong, MD or SC 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 office of Scott Tong, MD. 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 Scott Tong, MD and SC will make a best effort to remove my testimonial and protected health information from the Scott Tong, MD and SC websites and other social media pages.

Components of my Testimonial: I understand that the client testimonial for Scott Tong, MD will include my name, location, video image, still image, audio and information I provide in my testimonial. I understand that all other protected health information that Scott Tong, MD 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.

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

- ☐ My full first and last name (Sally Sample, City, State)
- ☐ My first name and last initial only (Sally S., City, State)
- ☐ My first and last initial only (S. S., City, State)
- ☐ Please leave my identity anonymous (Anonymous, City, State)
- ☐ Please leave my location off of my client testimonial

Signature: _____ Date: _____

Name (Printed): _____ Date of Birth _____