



### Client Testimonial Release Authorization

**Purpose of Authorization:** By signing this authorization form, I am providing Hydro Air Treadmill Lab, LLC (“HATL”) 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 HATL’s social media pages, clinical and speaking conferences, and including my testimonial on printed advertisements and promotions. I agree that I am voluntarily sharing my testimonial about services from HATL, and I am receiving no financial remuneration from HATL 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 HATL. 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 information will not be subject to the revocation of the authorization. I understand that HATL will make it best effort to remove my testimonial and protected health information from the HATL’s website and other social media pages.

**Components of my Testimonial:** I understand that the client testimonial for HATL will only include my name, location, photograph, and information provided to the organization in my testimonial. I understand that all other information that HATL creates and maintains for purposes of my membership will not be used in my testimonial or for marketing purposes without prior authorization.

By signing below, I agree and acknowledge that I have read and understood all the elements of this authorization for use of my client testimonial. This authorization will expire 24 months (2 years) after the date of signature. After the expiration, I understand that HATL will not be allowed to use my testimonial for any future marketing purposes. It does not require HATL 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:

- 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 my client testimonial
- Other \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If not Client, Relationship to Client: \_\_\_\_\_

Name (Printed): \_\_\_\_\_ Date of Birth \_\_\_\_\_