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Patient Testimonial Release and HIPAA Authorization

I hereby authorize Sutphin Chiropractic Acupuncture, PLLC and staff ("SCA") to document, record, photograph, videotape or otherwise memorialize me, my likeness, or image, and/or my testimonials and opinions, as indicated by my selections below (collectively referred to as the "Materials") and publicize those Materials, including via print materials and on social media, based on my preferences documented in this consent. I grant and release to SCA any and all rights, title, and interest that I might have in said the Materials, including photographs, videos, reproductions, and negatives.

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- Social media, such as Facebook, Instagram, YouTube, Twitter, and similar outlets
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Patient Signature

Patient Name

Date: _____