

TEXT PATIENT

TESTIMONIAL FORMS:

HELP YOUR PATIENTS SHARE THEIR CHIROPRACTIC STORY!

Use the patient testimonial form on the following page for those patients who would like to submit a text patient testimonial. This is the perfect option for:

- Shy or camera shy patients
- Patients who get nervous and need time to “think” about what to say
- Patients who express themselves better through writing
- Patients who don’t have time to sit down before/after their appointment and give a video testimonial

This form is great because you can mail it to patients, hand it to patients, email it to patients, place it in your monthly email newsletter, or upload it to your website for patients to download and complete when their schedule permits. Although we still feel the video testimonial is KING, a text testimonial is better than no testimonial at all.

Many patients will gravitate to a written testimonial because they don’t want to appear on camera or genuinely don’t have time to share their thoughts on camera. When a patient is willing to praise Chiropractic and your practice, take their testimonial in whatever format they feel most comfortable providing it in!

After the actual patient testimonial form we’ve also provided some release forms. Use them! It’s a great idea to have written verification that the patient has given permission to use their testimonial and other information. One is a general release giving you consent and permission to use the testimonial provided. The second release form is a consent form to allow you to use a photo of the patient should they wish to provide one.

Simply open the templates in Microsoft Word and highlight the areas where you need to add your name or practice info, or where you want to make changes and begin typing. Within minutes you’ll have customized forms to fit the needs of your practice.

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

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

4. Additional notes/comments:

Please read and sign the Patient Testimonial Release Consent form on the following page.

Thank you!



Patient Testimonial Release Consent

Purpose of Consent: By signing this form, you are hereby consenting to allow _____ to use and disclose the information in your testimonial and acknowledge that your testimonial may be distributed to the public.

Right to Revoke: You have the right to revoke this Release at any time by providing written notice of your revocation and submitting it to the Contact Person listed below. Please understand that revocation of this Release will not affect any action _____ took in reliance on this Release before receiving your revocation.

CONSENT TO RELEASE

I hereby authorize _____ 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 the public relations efforts of _____. I understand and acknowledge that the media may be interested in telling my story, and I am willing to cooperate and participate in media interviews as they arise.

I understand that I am providing the testimonial information to _____ and that my treating healthcare provider 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 waive the right of prior approval and hereby release _____ 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

Please provide your contact information:

Address

Phone

Email



PHOTO RELEASE CONSENT

Purpose of Consent: By signing this form, you are consenting to allow _____ and any associated staff members to use and distribute your photo along with your patient testimonial.

Right to Revoke: You have the right to revoke this Release at any time by providing written notice of your revocation and submitting it to us. Please understand that revocation of this Release will not affect any action _____ or his/her staff took in reliance on this Release before receiving your revocation.

I hereby grant permission to allow _____ to use the photograph of me shown below in conjunction with my patient testimonial. I hereby agree and acknowledge that my photo will be released to the public via public relation efforts of _____. I further acknowledge and agree that my photo may be used by the media.

I waive the right of prior approval and hereby release _____ from any and all claims for damages of any kind based on the use of my photo or information contained in my 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 Release.

Signature

Date

Print Name

VIDEO PATIENT **TESTIMONIAL RELEASE &** **CONSENT FORMS:**

HELP YOUR PATIENTS SHARE THEIR CHIROPRACTIC STORY!

A video testimonial is the king of all testimonials. Let's face it. Video commands attention. As a society we tend to be more likely to watch video media compared to reading text. Video is fast, engaging, and commands the attention and respect of your audience. For a variety of reasons we tend to believe something more if we see it and hear it for ourselves. This makes the video Chiropractic patient testimonial more "trusted" by the general public.

If you have a practice website or blog, or promote your Chiropractic practice via social media and social networking sites; a video testimonial is the perfect addition to your Chiropractic marketing efforts.

We've provided a video testimonial consent and release form to allow you to document that a patient has given their permission to use their video testimonial.



Video Patient Testimonial Release Consent

Purpose of Consent: By signing this form, you are hereby consenting to allow _____ to use and disclose the information you provided in your video patient testimonial and acknowledge that your testimonial may be distributed to the public.

Right to Revoke: You have the right to revoke this Release at any time by providing written notice of your revocation and submitting it to the Contact Person listed below. Please understand that revocation of this Release will not affect any action _____ took in reliance on this Release before receiving your revocation.

CONSENT TO RELEASE

I hereby authorize **DOCTOR AND/OR PRACTICE NAME HERE** and staff to use my video 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 the public relations efforts of _____.

I understand and acknowledge that the media may be interested in telling my story, and I am willing to cooperate and participate in media interviews should the need arise.

I understand that I am providing the video testimonial information to _____ and that my treating healthcare provider 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 waive the right of prior approval and hereby release _____ from any and all claims for damages of any kind based on the use of my video testimonial or information provided within the video 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 Video Patient Testimonial.

Signature

Date

Print Name

Please provide your contact information:

Address

Phone

Email

Disclaimer:

We use these forms in our practice, but I still HIGHLY suggest you have your attorney look the forms over to make sure they suit the unique legal and ethical needs of your practice in your jurisdiction before implementing these forms in your practice. We offer no guarantees that these forms will meet all your legal needs, but they are a fantastic and (free) starting point. Since we are providing these templates as a free resource we cannot and will not be held liable or accountable for any damages you may incur from using them. By using any of the preceding free form templates you acknowledge that you will hold harmless and release Chiropracticpr.com and its owners, staff, and associates from, any and liability associated with any and all damages and claims for damages that arise from, associated with, or that you incur due to, your use of these forms.

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