

# SHARE A Testimonial!

## ***Patient Testimonial Form***

We encourage our satisfied patients to spread the word about our practice. If you would like to tell us about your experience at CMI, please fill out some information and send to us.

Which Doctor did you receive treatment from and what testimonial would you like to give?

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When it comes to the medical care you were provided, what stands out (i.e. amount of time spent with you, quality of care, podiatric treatments, etc.)?

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What would you say to a friend, who was looking for a podiatrist / foot doctor?

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**Patient Testimonial Release Consent**

Purpose of Consent: By signing this form, you are consenting to the Carolina Musculoskeletal Institute use and disclosure of the information in your testimonial and acknowledgement that the testimonial may be distributed to the public. Right to Revoke: You have the right to revoke this Release at any time by giving us 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 that CMI took in reliance on this Release before receiving your revocation.

**CONSENT TO RELEASE**

I hereby authorize the CMI to use my testimonial and any information in the testimonial in its public relations efforts. I understand and approve the disclosure by the CMI of testimonial information to the media and other individuals and entities that may be involved in CMI's public relations efforts. I acknowledge that the media may be interested in my story, and I am willing to participate in media interviews as they arise.

I understand that I am providing the testimonial information to CMI and that my treating physician will not be providing any information to CMI, including private health information in my medical records, the confidentiality of which may be protected by federal and state statutes and regulations, including, Health Insurance Portability and Accountability Act (HIPAA).

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

I am of legal age and freely sign this release, which I have read and understood.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

**Please provide your contact information.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, and ZIP code

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
E-mail

Please mail the completed form to:

**Carolina Musculoskeletal Institute  
Podiatry Department  
410 University Parkway  
Aiken, SC 29801**

The form can also be sent via fax to **(803) 617.1983**. If you have questions, please contact **CMI Podiatry Department** at **(803) 644-4264**. Also, you can provide us feedback in many places across the web and most of those are listed in the links section of our website [www.aikenpodiatrists.com/links.html](http://www.aikenpodiatrists.com/links.html)