

Kidz First Therapy  
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## Client Testimonial Permission Form

I, \_\_\_\_\_, (client / guardian name) by execution of this Client Testimonial Permission Form hereby grant [Private Practice Name], its employees, designees, agents, independent contractors, legal representatives, successors and assigns the absolute right and unrestricted permission (check all that apply):

to use and distribute my testimonial, or any part of my testimonial

### Consent to Release

I hereby irrevocably authorize [Private Practice Name] to copy, exhibit, publish or distribute my testimonial, for purposes of marketing, publicizing [Private Practice Name]'s services, or for any other lawful purpose. My may be used in printed publications, multimedia presentation, on websites or in any other distribution media. I waive any right to royalties or other compensation arising from or related to the use of my testimonial. I understand that while I am providing testimonial information to [Private Practice Name], my treating healthcare provider shall not, at any time, provide any protected information to the media or to 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 hereby hold harmless and release [Private Practice Name], its officers and employees from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

### Right to Revoke

I hereby acknowledge that I have the right to revoke this Release at any time by giving [Private Practice Name], written notice of my revocation and submitting it to the contact person listed below:

I understand that revocation of this Release will not affect any action that [Private Practice Name], has taken in reliance on this Release before receiving your revocation.

By signing below, I hereby acknowledge and agree that I have read and understand the above Release and agree to all terms described.

\_\_\_\_\_  
Print Name of Client

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Client, Guardian or Responsible Party

\_\_\_\_\_  
Relationship to Client

\_\_\_\_\_  
Private Practitioner / Witness

\_\_\_\_\_  
Date