

Patient Testimonial, Video, Photo, Audio Release Consent

Consent to Release: I hereby authorize Mecca Integrated Medical Center LLC and staff to use and disclose my testimonials, photos, videos, and audio recordings in any medium for educational, promotional, advertising, and/or any other purpose that supports the mission of Mecca Integrated Medical Center LLC.

I understand and approve the disclosure of the testimonials, photos, videos, audio information to the media and other individuals and entities that may be involved in the media/public relations efforts of Mecca Integrated Medical Center LLC. I understand that Mecca Integrated Medical Center LLC and my treating healthcare provider will not be providing any protected information (except first name) 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 Mecca Integrated Medical Center LLC from any and all financial compensation and/or claims for damages of any kind based on the use of my testimonials, pictures, videos, or audio recordings. By signing below, I agree and acknowledge that I have read and understand the above release and agree to all terms described. I am of legal age and freely sign this Consent to Release my Patient Testimonial and Other Media to Mecca Integrated Medical Center LLC.

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 office of the community relations coordinator. Please understand that revocation of this release will not affect any action Mecca Integrated Medical Center LLC took in reliance on this release before receiving your revocation.

Signature _____

Print Name _____

Date _____

Please provide your contact information:

Address _____

Phone _____

Email _____