

SHARE YOUR DO STORY!

DO and Osteopathic Medicine Patient Testimonial Form

Because your physician is a DO, you have become familiar with osteopathic medicine. However, a large portion of the American public does not know what a DO is and that they are fully-licensed physicians.

If you have overcome struggles or beat the odds with the help of your DO, let us know. Through your story/testimonial, we can educate the public about the osteopathic medical profession.

If you would like the **Healthstar Physicians/Dr. Jana Bunsic/Ashley Greene PA** to consider using your testimonial for its public education efforts, please take a few minutes to answer the questions listed below. If you need additional space, attach a separate sheet of paper.

How did Dr. Jana Bunsic or Ashley Greene PA help you?

When it comes to the medical care Dr. Jana Bunsic or Ashley Greene PA provided, what stands out (i.e. amount of time spent with you, quality of care, osteopathic manipulative treatments, etc.)?

What would you say to a friend, who was looking for a doctor, about your DO?

Patient Testimonial Release Consent

Purpose of Consent: By signing this form, you are consenting to Healthstar Physicans/Dr. Jana Bunsic/Ashley Greene PA 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 Healthstar Physicans/Dr. Jana Bunsic /Ashley Greene PA took in reliance on this Release before receiving your revocation.

CONSENT TO RELEASE

I hereby authorize Healthstar Physicans/Dr. Jana Bunsic /Ashley Greene to use my testimonial and any information in the testimonial in its public relations efforts. I understand and approve the disclosure by Healthstar Physicans/Dr. Jana Bunsic /Ashley Greene of testimonial information to the media and other individuals and entities that may be involved in Healthstar Physicans'/Dr. Jana Bunsic's/Ashley Greene'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 Healthstar Physicans/Dr. Jana Bunsic /Ashley Greene and that my treating physician will not be providing any information to Healthstar Physicans/Dr. Jana Bunsic /Ashley Greene, 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 Healthstar Physicans/Dr. Jana Bunsic /Ashley Greene 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