



## Testimonial Consent Form

I understand that by giving my testimonial I will no longer have any expectation of privacy concerning information I am revealing in my testimonial regarding any treatment I received as a client of Meier Clinics. Meier Clinics cannot guarantee that the people who hear my testimonial will keep it confidential. I hold Meier Clinics harmless in connection with this testimonial.

I further agree not to violate the confidentiality or privacy of any other client treated at a Meier Clinics facility.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date