

## VALLEY PAIN SPECIALISTS. PC

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03/28/13

I, Joy Stebbins agree to provide a patient testamonial to Valley Pain Specialists, PC (hereinafter "VPS"). I hereby consent permission to VPS to publish such testamonials ina local newspaper or magazine or other marketing media. In accordance with this consent, I hereby waive any rights, to me and my agents thereof, any compensation or royalty payments as a result of said "testamonial". I agree that the services I'm providing to VPS are voluntary and that I may decline involvement prior to the actual publication of any such testamonial.

I also understand that my personal health information will remain protected as required by Health Insurance Portability and Accountability Act (HIPPA) and only information provided by said testamonial will be used for marketing purposes. I understand that by signing below I am authorizing release of said information in accordance with HIPPA regulations.

Testamonial:	1
I have been with VALLEY PAIN	I SPECIALISTS for 3 years
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<ul> <li>✓ I agree to using my entire name and age</li> <li>☐ I agree to using my first name and age</li> </ul>	eke me Comfortable.
	Thank You!!
Joy Stephies May 27, 7013 Signature Pate	mark fit
Signature Plant Philip	
Printed name Date	