



VALLEY PAIN SPECIALISTS, PC

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10/03/13

I, Jane Kovalchick agree to provide a patient testimonial to Valley Pain Specialists, PC (hereinafter "VPS"). I hereby consent permission to VPS to publish such testimonials in a 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 "testimonial". 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 testimonial.

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 testimonial will be used for marketing purposes. I understand that by signing below I am authorizing release of said information in accordance with HIPPA regulations.

Testimonial: The last 2 injections I had worked
Awesome! Yippee! Thanks Doc! And
I have to say Dawn is the best! She
always makes me smile & is very helpful!

- I agree to using my entire name and age
- I agree to using my first name and age

Jane Kovalchick 10/3/13
Signature Date
Jane Kovalchick 10/3/13
Printed name Date