



Patient Testimonial Release Consent

Purpose of Consent: By signing this form, you are hereby consenting to allow United Biologics, LLC d/b/a United Allergy Services ("UAS") to use and disclose the information in your testimonial and acknowledge that your testimonial may be distributed to the public.

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 UAS, Attention: Marketing Director, 70 NE Loop 410, Ste 600, San Antonio, TX 78216. Please understand that revocation of this Release will not affect any action UAS took in reliance on this Release before receiving your revocation.

CONSENT TO RELEASE

I hereby authorize UAS and staff to use my testimonial and any information contained herein in its media/public relations efforts. I understand and approve the disclosure of testimonial information to the media and other individuals and entities that may be involved in the media/public relations efforts of UAS.

I understand that I am providing the testimonial information to UAS and that my treating healthcare provider will not be providing any protected information 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 UAS from any and all claims for damages of any kind based on the use of my testimonial or information in the testimonial. By signing below I agree and acknowledge that I have read and understood the above Release and agree to all terms described. I am of legal age and freely sign this Consent to Release my Patient Testimonial or other media I provided to UAS.

Signature

Date

Print Name