

SHARE YOUR JOURNEY TO WELLNESS WITH US!

Dynamic Health Client Testimonial Form

Because Dr. Cousino is a Naturopathic Doctor (ND), you have become familiar with the benefits of nutritional supplementation, homeopathy and holistic medicine. However, a large portion of the public does not know what an ND is or what their approach to wellness can accomplish.

If you have overcome struggles or beat the odds with the help of Dr. Cousino and the staff of Dynamic Health, let us know! Through your story/testimonial, we can inspire others to begin their journey to wellness and give hope to those who feel they've exhausted all of their options.

If you would like Dynamic Health to share your testimonial, please take a few minutes to answer the questions listed below. If you need additional space, attach a separate sheet of paper. Only your initials will be used to identify your testimonial when published.

What did you feel like before seeing Dr. Cousino?

How do you feel now?

When it comes to the care Dr. Cousino and the staff of Dynamic Health provides, what stands out (i.e. amount of time spent with you, quality of care, product knowledge, etc.)?

Client Testimonial Release Consent

Purpose of Consent: By signing this form, you are consenting to Dynamic Health’s use 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 the Dynamic Health took in reliance on this Release before receiving your revocation.

CONSENT TO RELEASE

I hereby authorize Dynamic Health to use my testimonial and any information in the testimonial in its public relations efforts. I understand and approve the disclosure by Dynamic Health of testimonial information to the media and other individuals and entities that may be involved.

I understand that I am providing the testimonial information to Dynamic Health and that Dr. Cousino and his staff will not be including private health information in my medical records, the confidentiality of which may be protected by federal and state statutes and regulations, including the Accountability Act (HIPAA).

I waive the right of prior approval and hereby release Dynamic Health 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

Please email, fax or mail completed form to:

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