

PATIENT Authorization and Release

I, _____ give my permission and consent to **eve bernstein dc cas of east west wellness of marin** to use information (except any use of my name and any other personally identifying information) from my patient file including without limitation, clinical records; testing and/or study data and results; history data; examination data; medical notes; office notes and reports; ("materials") for educational purposes and in conjunction with **eve bernstein dc** professional seminar manuals, books, audio/video presentations, and other educational and informational materials in all forms of media.

I release and agree to hold harmless **dr eve bernstein and east west wellness of marin classes**, its legal representatives, assigns, licensees, and those acting under its permission or authorization from any liability by virtue of any use, publication, sale, reproduction, display or broadcast of the materials for the purposes stated herein. I waive any claim to any compensation of any kind through the sale, license, transfer or any use of the Materials and, further, release and agree to hold **eve bernstein dc east west wellness** harmless from any claim or cause of action for defamation, invasion of rights of privacy or publicity or otherwise based upon or relating to the use of exploitations of the Materials.

I hereby relinquish, give and assign to **eve bernstein dc** all right, title and interest that I may have in the Materials, and any derivatives thereof and further, grant to **eve bernstein dc** the right to give, sell, transfer, distribute and exhibit the Materials to any business, firm, publication or to any of their assignees without restriction.

This Release shall be binding upon my heirs, successors, personal representatives, assigns, executors, and administrators.

I warrant that I have read the above Authorization and Release prior to its execution, and am fully familiar with the contents thereof.

Signature _____

Printed Name _____

Date _____