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Patient Testimonials: Collection SOP

Unified Virginia Chiropractic Association Doctors:

At the Strategic Summit in Richmond on February 5, 2011, it was decided that we as a membership could better reach the public through the use of facebook. We will accomplish this with the use of your testimonials. Our goal is to create a “Testimonial of the Month” and to publicize this on our website and our facebook page.

Attached to this document you will find a testimonial release that you may begin using for your patients. A copy will need to be sent with each testimonial submitted to protect our organization. It is imperative that you check with your malpractice insurance carrier to ensure that you are permitted to use testimonials as a form of advertising in your practice.

Below is a “how to” to have patients begin sending you original, well-thought and moving testimonials.

Step 1: Send patients a letter 2-6 weeks into their care plan with information that you want them to hear. An example letter has been attached (page 2-3). Within that letter include a call to action to have the patient write you a testimonial. Include a sample form for the patient to review (page 5).

Step 2: Collect the testimonial and have the patient sign the Testimonial waiver form, page 5 and/or 6 of this document. **Optional Step 2:** Use video recording to have the patient give their testimonial in your office.

Step 3: Submit the best testimonial each month to Dr. Logan Brooke at lbrooke@tuckclinic.com.

Step 4: Check the Unified VCA facebook page for your testimonial.

Once several testimonials/videos have been submitted to the Unified VCA, we will begin to have a positive influence on the public through our facebook page. You will be able to reference this page in your practice for positive, constructive messages for your patients to reference.

In health and happiness,
Dr. Logan S. Brooke
Social Network Coordinator
Unified VCA Public Relations Committee

[SAMPLE LETTER TO PATIENTS]

Congratulations, You're Over Halfway There!!!

Dear David,

I just wanted to send you a quick thank you note to congratulate you and tell you how you are doing and most importantly, **thank you for being my patient, listening to my recommendations, and giving me the chance to help you!**

I know, I've already thanked you for being my patient. But you know what? Now that I've gotten to know you a little better, I wanted to thank you again. Why, because I have a very busy practice. I see a lot of patients all day long and I see a lot of different kinds of people all day long. To be honest, some are pleasant and some are not. Some people are a pleasure to be around, some are not. That's just the way things are.

Well, I wanted to let you know you are one of the pleasant ones. Actually, I was just talking to Shannon at the front desk and she mentioned how she looks forward to seeing you every time that you come in, and I agreed.

I actually went one step further. I told her that if I could fill my entire practice with patients just like you, my day would be absolutely wonderful. **That's why I wanted to say thank you again!**

Now back to the business at hand...

I would like to take this time to remind you of the importance of maintaining what we have achieved during your treatment plan. I know that it is easy to forget how much pain you were in just a few short weeks ago, but I feel that it is my duty to give you the best possible advice so you don't end up that way again.

We all understand that if you stop brushing your teeth they will rot, if you don't maintain your car, it will break down, etc. Well, your spine is the same. As we have already talked about, maintenance care is OPTIONAL... but I highly recommend we discuss a program that will keep the great results we have achieved through your initial treatment plan and keep you out of pain.

The best thing to do is set up a maintenance schedule on your final re-evaluation visit. If this is something you would like to do, just let me know. If it is not, that's OK, too.

Well, that's it. I'm glad that you are feeling better and you've given me the opportunity to help you. Don't quit now... You don't have much more to reach your pain-free goal!

Sincerely,

Logan Brooke, DC

Logan Brooke, D.C.
Tuck Chiropractic Clinic

P.S. Oh yeah--- I almost forgot. I'm offering a special reward for anyone who writes me a testimonial. Now, I'm not going to tell you what the reward is, but I guarantee you're going to love it. All you have to do to collect your reward is write me a simple, honest, testimonial. Just put down on paper your experience with me. It can be as short or as long as you want.

Testimonial Examples

"I found Dr. Rathmann and have been pleased with the results of her treatment. Because of deteriorating discs in my neck it was not uncommon to have numbness in my arms and hands and to have sleepless nights. Dr. Rathmann has practically eliminated this problem with her excellent chiropractic care. If the symptoms return all I have to do is pick up the phone and come in that day. You are not told that you will have to wait days or weeks to come in for treatment. Most of us dread going to the doctor's office. That does not apply to Tuck Chiropractic Clinic. You are met at the door with the warmest, sincerest greetings and beautiful smiles. Shannon and Ashley make you feel like you were a long loved friend. Your wait is not long and your needs are attended to almost immediately. I feel most fortunate and blessed that I have found such good care and wonderful people to take care of me."

~P.J. Galligan

"Good doctors are hard to find these days. Most of the doctors reach out for prescriptions too soon. Fixing the symptoms seems becoming more and more popular among doctors, since they don't have time to investigate the underneath problem in our lives. So I would be thrilled to have a doctor who is slightly above average, but Dr. Brooke is way beyond my expectation. I sprained my left ankle about two years ago. I didn't think too much of it until one year later I still found my ankle hurt. Then I went to a podiatrist and took all the exams that he could think of. My podiatrist couldn't figure out what's wrong. Around the same time, a friend recommended Dr. Brooke. He is kind and upbeat. He tried a couple approaches and made sure that all the treatments are right to the point. He tried harder than any other doctor I've met so far. Doctors don't know everything, but only a few of them admit and keep learning new things with enthusiasm. Finally, he learned about the Mulligan technique from a seminar and applied it to my ankle. The results amazed me! I was cured in two weeks! Now I can swim, bike, jog, dance and pretty much do all the exercises that interest me. I guess I should watch out not to over work my ankle. ☺ Dr. Brooke is one of those few doctors that keeps learning new things with enthusiasm and treat patients with a warm heart. If I get hurt again in the future I can trust Dr. Brooke with my problems.

~Dan Zhu

Testimonial Release

I, _____, give my authorization to
Name of Patient

_____, to use my testimonial for
Name of Doctor

advertising, marketing, and/or promotional activities, as well as to share with other individuals, as the doctor sees fit. I also acknowledge that I am not being compensated for this testimonial either through monetary or monetary-equivalents.

Signature: _____ Date: _____

Name (*print*): _____

Street Address: _____

City, State, Zip: _____

Witness: _____

Video Authorization Release and Waiver

I give Dr. {Name of Doctor}, and other health practitioners and employees the absolute right and unrestricted permission to take/use my name, testimonial, biographical data, and protected health information voluntarily disclosed by me to publish, reproduce, edit, exhibit, project, display, and/or copyrighted images or pictures of me, whether still, single, multiple or moving, or which I may be included in whole or part, in color or otherwise, through any form of media taken at this practice of {Name of Practice} for advertising, recruitment, marketing, publicity, or any other lawful purpose. I waive any right to royalties or other compensation arising from or related to the use of this testimonial. I certify that I am at least 18 years of age (or if under 18 years of age, that I am joined herein by my legal parent or legal guardian) and that this release is signed voluntarily, under no duress, and without expectation of compensation in any form now or in the future.

Further:

I expressly acknowledge that this Authorization is voluntary.

This authorization is valid until it is revoked by me in writing. I understand that this authorization may be revoked by me at any time, provided I notify {Name of Practice} in writing.

I understand that the protected health information I voluntarily disclose will be re-disclosed by Health Advantage as disclosed in this authorization and that information will no longer be protected by HIPAA Privacy Rules.

Signature: _____ Date: _____

Name (*print*): _____

Street Address: _____

City, State, Zip: _____

Witness: _____