



# READI ⓪ STEADI®

Anti-Tremor Orthotic Glove System

## AUTHORIZATION TO USE AND DISCLOSE PATIENT INFORMATION FOR MARKETING PURPOSES

I, the undersigned, by checking the box marked "agree," authorize Read-Steady® Orthotic Glove System (including their respective employees, contractors and other staff members) (collectively, "Provider"), directly or indirectly through its agents or other representatives, to use and disclose (i) the information contained in any testimonial(s) I provide to Provider, in whole or in part, including information relating to my medical condition and the care and treatment I received from Provider, and (ii) any other information relating to my case and the treatment I received from Provider, including my name, image, likeness, picture, or other details that would disclose my identity (collectively, my "Patient Information"), in each case for marketing and advertising purposes in print, audio-visual, electronic or other media form (including, without limitation, on TV, radio, print (e.g., brochures/flyers and newsletters), internet, web advertising and social media sites, such as Facebook).

I further authorize Provider to photograph me and make audio and video recordings of my testimonial, medical condition and the care and treatment I received from Provider, which shall constitute Patient Information hereunder. I waive the right to inspect or approve Provider's use or disclosure of my Patient Information, and I understand that my Patient Information may be edited or modified by Provider. I understand that once my Patient Information is disclosed pursuant to this Authorization, it could be disclosed by the person or entity receiving such Patient Information. Such re-disclosure may no longer be protected by federal law and any applicable state laws.

I understand that I will not receive any compensation (financial or otherwise) from Provider or any third parties for the use or disclosure of my Patient Information. I understand that signing this Authorization is voluntary and my treatment, payment, or eligibility for benefits will not be conditioned upon execution of this Authorization.

I understand that I may revoke this Authorization at any time by delivering a written notice to: **Readi-Steady® Anti-Tremor Orthotic Glove System, 8313 Picardy Ave, Baton Rouge, LA 70809.**

However, the revocation will not apply to actions taken by Provider prior to the time it receives my written notice. This Authorization shall expire ten (10) years from the date of my signature, unless I revoke this Authorization sooner. I have read and understand the terms of this Authorization, and I agree to those terms. I understand that I have a right to receive a copy of this Authorization upon my request.

All visitors to the Read-Steady website understand that their participation and/or involvement in any activity or treatments through this website including use and or treatment via the Read-Steady device carries with it the potential for certain risks, some of which may not be reasonably foreseeable. All visitors to the Read-Steady website further acknowledge that these risks could cause them or others around them harm, including, but not limited to, bodily injury, damage to property, emotional distress, or other injuries. Despite these risks visitors to this website are willing to participate in any activities provided via this website.

By browsing this website, all visitors Agree to release, indemnify, and hold harmless Read-Steady, LLC as well as all {their/its} employees, agents, representatives, successors, etc. from all losses, claims, theft, demands, liabilities, causes of action, or expenses, known or unknown, arising out of their participation in any activities and treatments provided via this website including but not limited to the Read-Steady® Anti-Tremor Orthotic Glove System.



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I understand that Krista Madere will recommend a customized Read Stead® Anti-Tremor Orthotic Glove System with instructions on how to place my order after my video assessment has been completed and I understand that each component is billed separately and can include up to four (4) components, (Right Hand, Right Elbow, Left Hand, Left Elbow), depending on my individual needs. I must place my order within 30 days or a new assessment will be required. Once I receive my customized Read Stead® Anti-Tremor Orthotic Glove System, I will schedule or submit video to provide feedback on the fit and receive instructions for any adjustments from Krista Madere, as needed.

I understand that the assessment fee of \$150 is non-refundable if not scheduled within 30 days of purchase. The assessment fee of \$150 includes video review before and after receiving custom system. **Read Stead® products are custom made to each individual customer and are therefore not refundable.**

The products and/or services provided to you by ( supplier legal business name or DBA) are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at <http://www.ecfr.gov>. Upon request we will furnish you a written copy of the standards

When we verify your insurance benefits, if for any reason we are given the incorrect information and the Explanation of Benefits indicates that you are responsible for more, you will receive a statement for the balance due. Any balances owed are due upon receipt of the statement.

If for any reason you have a credit, you will be issued a refund upon receipt of the Explanation of Benefits.

I hereby acknowledge that I fully understand the above and agree to make any additional, necessary payments due according to my insurance.

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**Signature of patient or caregiver**

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**Date**

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**Patient's Printed Name**