

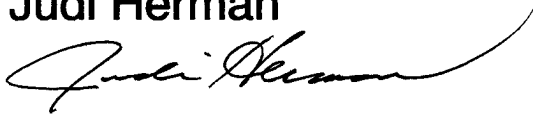
JULY 15,2015

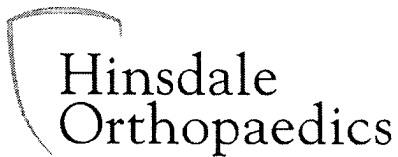
My experience with Team Durkin was efficient and effective. I was in tremendous pain and limped into Dr. Durkin's office and, I was unable to participate in my every day activities. Toni, the nurse, was amazing. She answered all my questions via e-mail before surgery, which was planned 2 weeks after my visit. I was walking without pain the same day of my surgery and left the hospital the next day.

I went back to my gym 2 weeks after surgery and felt great, with no problems. I am a very active person and gradually I could do all my routines that I did prior to my hip pain.

I am so grateful to the team for all their help in getting me through this.

Judi Herman

A handwritten signature in cursive script, reading "Judi Herman", written in black ink.



PATIENT TESTIMONIAL RELEASE CONSENT

Purpose of Consent: By signing this form, you are consenting to Hinsdale Orthopaedic Associates' (HOA) use and disclosure of the information in your testimonial and acknowledgement that the testimonial may be distributed to the public.

CONSENT TO RELEASE

I hereby authorize Hinsdale Orthopaedic Associates to use my testimonial and any information in the testimonial in its public relations efforts. I understand and approve the disclosure by HOA of testimonial information to the media and other individuals and entities that may be involved in the HOA's public relations efforts. I further understand that this Consent is completely voluntary and if I choose not to sign this Consent it will not affect my treatment relationship with HOA or my physician.

I understand that I am providing the testimonial information to HOA and that my treating physician will not be providing any information to HOA, including private health information (PHI) in my medical records, the confidentiality of which may be protected by federal and state statutes and regulations, including but not limited to the Federal Health Insurance Portability and Accountability Act (HIPAA).

I waive the right of prior approval and hereby release HOA from all claims for damages of any kind based on the use of my testimonial or information in the testimonial. I understand that HOA has the right to modify the wording of any testimonial I provide in order to assure that it complies with the requirements of applicable law. This means my testimonial may be reproduced in whole or in part, or it may be paraphrased.

I understand that I have the right to revoke use of my testimonial at any time. It is my understanding that I may revoke my testimonial by providing written notice to HOA. HOA will use best efforts to remove the testimonial within thirty (30) calendar days of receiving my revocation in writing.

I am of legal age and freely sign this release, which I have read and understood.

Patient or Guardian Signature:

A handwritten signature in cursive script, reading "Judi Herman", written over a horizontal line.

Print Patient Name:

A handwritten name in a cursive-like print script, reading "Judi Herman", written over a horizontal line.

Date:

A handwritten date "7-15-15" written over a horizontal line.

The form can also be sent to marketingpr@hoasc.com or faxed to (630) 323-4358.