

Informed Consent and Release VoiceBio Sound Therapy Evaluation

Herbal Health, 1212 3rd Ave. S • Anoka, MN • 55303 • Phone: 763-576-6879

The objective of the VoiceBio evaluation hereby offered through Herbal Health and its independent contractors, is to determine the lack or loss of energy to specific areas of the body. Just as an acupuncturist uses the pulse, VoiceBio uses the frequencies of the voice. The VoiceBio evaluation is not licensed by the state and is considered complimentary to the healing arts services that are licensed. Any suggestions, guidelines, comments, or information given will reference the energetic of the evaluation only, and can be supplemented in myriad ways, not just through nutritional supplementation.

Information derived from the VoiceBio evaluation does not diagnose, prescribe, or treat any known medical condition, and is for educational and informational use only. No claims are made for this analysis to substitute in any way for medical diagnosis, care or treatment. This evaluation is not recognized by the FDA, or AMA. Tammy Jordan is not a licensed physician or surgeon, nor licensed by the state as a healing practitioner; and is a Certified VoiceBio sound Therapist.

The undersigned certifies that they, their agent, or parent, are participating in this evaluation voluntarily and accept full responsibility in utilizing the information provided in the evaluation. The undersigned releases, indemnifies and holds Tammy Jordan, and its independent contractors, harmless from all claims resulting from participation in the evaluation.

The undersigned does hereby give INFORMED CONSENT for the VoiceBio evaluation, any private follow-up consultation, and further agrees to grant permission for use of the information gathered during these procedures for research and educational purposes with all identifying personal identification removed.

Please list any medications that you are taking (including prescribing MD)

"I understand that all information gathered during this evaluation is for research purposes only; and by my signature below, acknowledge receipt of a copy of this agreement."

Signature of participant: _____ Date _____

Please print name here: _____

Address/City/State/Zip:

_____ Are you pregnant or do you think you may be pregnant?

_____ Have you had a stroke, aneurysm, or seizure of any kind?