



Informed Consent and Release Voice Analysis Harmony Evaluation

The objective of the Voice Analysis Harmony (VAH) or VoiceBio evaluation hereby offered through Regina (Genie) Johnson/The Sound Masseuse and its independent contractors, is to determine the lack or loss of energy to specific areas of the body. VAH uses the frequencies of the voice similarly to how an acupuncturist uses the pulse. The VAH evaluation is not licensed by the state and is considered complimentary to the healing arts services that are licensed. Any suggestions, comments, guidelines or information given will reference the energetics of the evaluation only, and support balancing the body energetically. All deficiencies or toxicities are implied in energetic terms only, and can be supplemented in myriad ways, not just through nutritional supplementation and sound.

Information derived from the VAH 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. The FDA or AMA does not recognize this evaluation. Regina (Genie) Johnson is not a licensed physician or surgeon, nor licensed by the state as a healing arts practitioner.

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 Regine (Genie) Johnson/The Sound Masseuse, and its independent contractors, harmless from all claims resulting from participation in this 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 purpose with all identifying personal identification removed.

____ I have NOT had anything to eat or smoked for at least 1 hour prior to this assessment as I understand that this could affect the results.
(Please initial)

“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 _____

Date of Birth: _____

Address/City/State/Zip _____