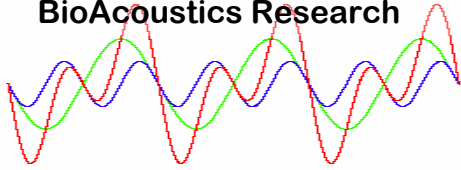


**Good Vibrations of Iowa  
BioAcoustics Research**



**Marty Rhea**  
Certified BioAcoustics Researcher  
6901 Hickman Road  
Urbandale, IA 50322  
515-727-4141

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, the undersigned, do authorize and request Marty Rhea to release to, and receive from,

Practitioners at Prevention & Healing of Iowa – OR my designated health care provider

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(Name of other Practitioner)

(Phone number of other Practitioner)

...information from my records.

Information requested may include:

- Diagnosis
- Lab/Test Results
- Treatment Summary/Plan

As much information as either/both parties, in their full discretion, deem reasonably necessary.

I understand I may revoke this authorization at any time, except to the extent that action has already been taken in reliance upon it, by giving written notice to Marty Rhea.

I understand I have the right to inspect the information to be disclosed, except the protected, proprietary information concerning frequencies and their equivalents, upon proper notification to and under appropriate conditions established by Marty Rhea.

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(Signature of Client or Client's authorized Representative)

(Relationship to Client if not self)

(Date)

NOTE: Records of Frequency Equivalents can only be sent to another Certified BioAcoustics Researcher.

(Office Use Only) Date information sent: \_\_\_\_\_

Rev 12/06