

## INFORMED CONSENT

I understand Erina Cowan is a Licensed Spiritual Health Coach (LSHC) qualified to help me surrender to the Divine and accept Divine healing on every level of my being. I also understand Erina Cowan is able to help me diagnose, treat and cure my own spiritual sickness that is manifesting in my life.

I understand Erina Cowan is Certified in Spiritual Dowsing (CSD) and is a Certified Biofeedback Specialist (CBS) qualified to help me make more informed decisions about my own life and health care. I also understand biofeedback is intended to help me relax so I can manage my stress and pain and improve the quality of my life. I further understand she may teach me some basic empowering Spiritual Coaching techniques to help me improve the quality of my life.

I understand that I am responsible for my own health, healing and well-being. I understand natural healing is not a substitute for adequate medical care and I intend to remain under the care of my primary healthcare provider.

I understand Erina Cowan will not accept responsibility for my decisions and will not make my decisions for me. I am responsible for my own decisions regarding my health, nutrition, wellness and any interventions I decide to try.

I understand my identity and any information about me, whether I share it with Erina Cowan or she discovers it on her own, will be held in the strictest confidence, except when released by me or specifically required by law. I have the right to waive this confidentiality agreement in whole or part at any time.

I understand that if I have -- or if I think I have -- a medical concern, condition, disease, disorder, issue or symptoms, Erina Cowan will help me reduce any related stress and refer me to a licensed chiropractic, medical or osteopathic physician for further assistance.

I also understand if I have -- or if I think I have -- a psychological or emotional concern, condition, disease, disorder, issue or symptoms, Erina Cowan will help me reduce any related stress and refer me to a licensed counselor, psychologist or psychiatrist for further assistance.

I acknowledge that I have read and understand this form. I agree to allow Erina Cowan to help me allow and accept Divine healing using the spiritual healing techniques and modalities herein listed.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

