

Disclaimer / Informed Consent Form

- 1) I understand that Miriam Divinsky is a spirit channeler and advisor, working with subtle energies to help relieve conflicts of the spirit, mind, and the energetic body. I also understand that - through the use of Spiritual Dowsing, Matrix Energetics, Healing Touch, Hypnotherapy, Past Life Regression Therapy, and Life Between Lives Therapy - Miriam Divinsky, a Licensed Spiritual Healer, is qualified to help me identify and remove my spiritual disconnections from the Creator so that blockages to healing will be removed on every level of my being. I further understand that her goal is to help me open blockages that impede natural energy flow, thereby assisting in a fuller range of spiritual and physical energy. I want to restore a greater degree of, or return to, Wholeness.
- 2) I understand that I am seeking her help and guidance through prayer and/or spiritual means without the use of any drug or material remedy. I have read the above statement and am in agreement with the modalities and grant permission to Miriam Divinsky to use them as required. I am seeking her help and guidance of my own cognition and will in no way hold her accountable for any unforeseen harm that might occur.
- 3) I understand that I am responsible for my own health, healing, and well-being and that Miriam Divinsky cannot diagnose, treat, heal, or cure me of anything. I also understand that I have the ability to heal myself by taking care of my body, resolving my emotional issues, changing my thinking, believing my intuitive insights, and surrendering to the Creator of all things to accept Divine healing. I further understand that it is my responsibility to inform Miriam Divinsky of any medications I take, any therapies I am undertaking, and any allergies or sensitivities that I have. I further understand that she practices her profession legally, ethically, and professionally. I further understand that alternative healing is not a substitute for adequate medical care and that I intend to remain under the care of my primary health provider.
- 4) I understand that all healing may cause me some minor discomfort in the form of aches, pains, headache, emotional release, or increased emotionality. If I have any concerns about any of these things, I will fully disclose my concerns to Miriam Divinsky so that she may take all precautions to prevent any unnecessary harm to me. I also understand that my health is my responsibility and that I choose to use the natural energy healing services of Miriam Divinsky.
- 5) I understand that Miriam Divinsky will keep all information that she learns about me completely confidential unless I release her in writing, or as required by law. I further understand that Miriam Divinsky will not acknowledge my presence or discuss anything with me publicly unless I initiate the conversation and the topics discussed.
- 6) I agree to settle any disagreements I may have with Miriam Divinsky. If that is not possible, I agree to turn our concerns over to the Universal Gnostic Fellowship to mediate an agreement acceptable to both, myself and Miriam Divinsky.

Miriam Divinsky, Ph.D.

- 7) I understand that Miriam Divinsky charges \$200 for each hourly session, payable by cash, money order, check, or PayPal.
- 8) I acknowledge that I have read and understand this form. I agree to allow Miriam Divinsky to help me learn to heal myself using the natural healing techniques and modalities listed herein.

Please Print

Name of Client: _____

Mailing Address: _____

City: _____ **State:** _____ **ZIP:** _____

Telephone: _____ **Email:** _____

Signature _____ **Date:** _____

Printed Name (if other than client): _____

Relationship to Client: _____

Please fill out the above form and mail it at your earliest convenience to:

Dr. Miriam Divinsky
166 Hesperus Ave
Gloucester, MA, 01930