

Service Agreement:

I _____ understand that the spiritual healing services offered by Dr. Alcorn involved shamanic journeying in order to find out information which may help with my problems, and can include discovery of spiritual helping beings, such as spirit guides, power animals, and higher parts of myself. In addition, Dr. Alcorn may find spiritual beings who are attached to me or otherwise causing trouble for me and need to be removed.

As with any spiritual, or for that matter, medical intervention, there can be no guarantee of a positive result. It is possible that a single session can be sufficient to deal with the issues presented, but sometimes multiple sessions may be necessary. This cannot be determined in advance.

These procedures, obviously, are not medical procedures and these services are not covered by any medical insurance plan. Dr. Alcorn has retired from medical practice after more than 45 years. He presents his spiritual healing methods not as a form of psychiatric diagnosis and treatment, but as an effort to address the spiritual issues of his clients. I am willing to participate in this healing method with this understanding.

Signature

Date