

## Treatment Consent

I, the undersigned, hereby authorize Ylva Mara Radziszewski to perform the following procedures and services:

**Subtle Energy Work/Spiritual Ceremony:** the use of subtle energy techniques including, but not limited to, journey work, energy extraction, cord-cutting, spirit release work, soul and essence retrieval, and energy clearing, curse unraveling. Some ceremony will take place over a long duration, some ceremony may take place in nature over many days and include risk of exposure.

**Integrative Bodywork:** the use of physical and energetic techniques including, but not limited to, acupuncture, energy extraction and clearing, cranio-sacral therapy, and sound healing. Integrative bodywork can also include elements of subtle energy work and guidance/coaching. Use of acupuncture may result in minor bruising, bleeding, skin irritation, or numbness/tingling. Risk of organ puncture is rare but possible. Needle Shock may occur in those sensitive to acupuncture, symptoms include nausea, sweating, dizziness and sudden mood change. These are normal symptoms but are not preferred. You must notify practitioner of pregnancy, health concerns, injuries, or changes in health.

**Mentorship/Intuitive Readings:** discussing goals, life situations, behavior modifications, energetic techniques, and personal history and perspectives for the purpose of self-understanding, self-empowerment, and the improvement of the quality of life. We can also discuss the creation and facilitation of personal rituals/ceremonies. These sessions are not a substitution for mental health counseling.

**Herbal Recommendations:** discussion and recommendation of herbal teas, tinctures, baths and various other methods of application. Sensitivities and allergies will be discussed and are YOUR responsibility to mention if we do not cover something relevant to your condition. You may experience gastric upset or temporary discomfort when you first begin taking herbs. An adjustment period is common for any new form of supplement or medication.

**By scheduling a session with Ylva Mara you affirm that you have read the following statements indicating understanding and consent of the conditions presented. A printed copy can be made available for you to sign and will be kept on file:**

\_\_\_\_\_ I understand that Ylva Mara Radziszewski is not a therapist or a licensed counselor, and that this work not therapy and is not intended to diagnose, treat, or cure disease or mental illness. I understand that this work is not a substitute for medical treatment or therapy. I understand that this work is transformative/catalytic and that I am responsible for acquiring the mental health support, aftercare, or integration work needed to process this work, as recommended by Ylva Mara Radziszewski or according to my own self-assessment and judgment.

\_\_\_\_\_ I will not hold Ylva Mara Radziszewski legally responsible for any physical, emotional, mental, circumstantial, or energetic effects that may occur in connection with my participation in sessions. I recognize and agree that I am fully responsible for my wellbeing during my session, which includes disclosing any concerns and/or questions I may have before, during, or following my session.

\_\_\_\_\_ I understand that Ylva Mara Radziszewski does not guarantee any specific result from treatment courses, and that she is unable to predict or control what my outcome may be. In receiving treatment I am willing to assume the risk of this uncertainty.

\_\_\_\_\_ I understand that during a course of treatment some symptoms or circumstances may be "activated" or exacerbated. I may experience new symptoms as layers of work come up for processing, and I may experience an exacerbation of existing symptoms as the work progresses. I understand that usually these states are temporary and resolve with a completion of the work, but that no guarantees can be given about their resolution.

With this knowledge, I voluntarily consent to the above procedures and services, realizing that no guarantees have been given to me by Ylva Mara Radziszewski regarding the cure or improvement of my conditions. I hereby release Ylva Mara Radziszewski from any and all liability which may occur in connection with the above mentioned procedures and services. I understand that I am free to withdraw my consent and to discontinue participating in these procedures and services at any time; if I do so I commit to notifying Ylva Mara directly via written and verbal notification. I understand that Ylva Mara Radziszewski may terminate our professional relationship, and in the event of termination will provide referrals for my continued care.

\_\_\_\_\_  
Signature of Client (or legal guardian for minors)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name