

YOU

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**Melissa Levi**

*IST Practitioner*

*Energetic Health Practitioner*

*Clearer*

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*American Herbalist Guild Member - Clinical Herbalist Student*

*[www.youwellnow.com](http://www.youwellnow.com)*

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## **Informed Consent to Treat and Liability Waiver and Release for IST and Energetic Health Sessions**

### **Informed Consent**

I hereby request and consent to the performance of IST (Inner Space Techniques) and energetic health modalities and treatments within the scope of an IST and energetic health practitioner on me (or on the patient named below, for I am legally responsible) by Melissa Levi.

I understand that methods of treatment may include, but are not limited to: energetic balancing and harmonization, vision, energetic health techniques, past life regression, herbal remedies, exercise and diet recommendations and counseling. I will immediately notify my energetic health practitioner listed below of any unanticipated or unpleasant effects associated with any of the IST or energetic health modalities applied.

I have been informed that IST and energetic health techniques are a generally safe method of treatment, but that shifts in energetic occur and may create some physical, emotional or spiritual side effects which may include physical tingling, feeling lighter energetically, mild fatigue, nausea, muscle soreness, localized swelling, redness, bruising, pain, changes in body temperature, headaches, thirst, changes in relationships, shifts of perception, etc. I do not expect the energetic health practitioner to be able to anticipate and explain all possible risks and complications of IST or energetic health treatments, and I wish to rely on the IST and energetic health practitioner to exercise judgment during the course of treatment which the IST and energetic health practitioner exercises a best and highest interest for health, based upon the facts then known and for my best interest and highest good.

I understand that results are not guaranteed.

I understand that all clinical information and records of IST and energetic health treatments etc. will be kept confidential and will not be released without my written consent.

By voluntarily signing below, I show that I have read, or have had read to me, the above consent to treatment, have been told about the risks and benefits of IST and energetic health techniques and other energetic modalities, and have had an opportunity to ask questions. I intend this

consent form to cover the entire course of my energetic treatments for my present condition and for any future conditions(s) for which I seek any energetic health modalities from Melissa Levi.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(Or Patient

Representative): \_\_\_\_\_

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### **Liability Waiver and Release**

Treatment modalities must align with the complex, unique and multi-dimensional nature of human beings. IST and energetic health treatments facilitate and serve complex interconnections between the different subtle bodies.

In energetic integrity we are able to create and manifest what we desire in our lives. When our physical, etheric, astral or super-astral bodies are out of alignment due to many different types of factors (including but not limited to emotional trauma, physical injury, unresolved memories or samskaras, environmental or food toxins, addictions or any other factors that can effect the subtle bodies) we lack the necessary vitality for life and can become physically ill, depressed or stuck.

Both conscious and unconscious thoughts, fears, personal history, grievances, intentions, and belief systems as well as family, friends and societal belief structure and systems become imprinted into our subtle energetic systems as well as physical body. This impacts how one feels and expresses oneself in the world.

During IST or energetic health sessions, different techniques are presented to the client and applied to the subtle energetic systems in support of health.

Clients may experience various sensations during and after a session depending upon the topic or issue covered. Clients may sometimes experience an increased flow of energetic throughout their body and personal space. Certain health techniques involve touch. These techniques can also involve large amounts of physical pressure, manipulation of various body parts, etc.

In some cases these techniques can cause physical and energetic pain as well as bruising or redness of the area being worked on. It is also common for the treatment to “make things worse before they get better” or to exacerbate the illness or condition for a period of time after treatment, as there is a “stirring” up of energies and a moving out of energies.

As well, energetic work may bring about the release of old emotions such as grief, sadness or anger as part of the health process and may also bring forward outdated energetic patterns, including but not limited to, relationships with work, friends and family members. Clearing such imbalances in your subtle body may be reflected in your relationships with others and the world.

Clients often find it appropriate to relax right after a session and allow the integration of the energetic work to continue. Drinking water and relaxing allows the body to eradicate toxins and energies and provide the body to integrate the energetic alterations.

If you experience any discomfort that you believe is a result of any aspect of your sessions, please communicate this experience to the energetic health practitioner as soon as you notice it.

Energetic health and well being is a personal choice in self-discovery and personal transformation and evolution.

I, \_\_\_\_\_, am here to inspire my own personal transformation. I take personal responsibility for my well-being and with respect for myself I gratefully accept control of my choices.

I acknowledge that Melissa Levi is not a medical doctor or health care/mental health care professional or therapist.

I give Melissa Levi permission to touch me for health purposes during our sessions. I acknowledge that I have been told if I want to stop a session at any time I simply say the word "Stop." Melissa will remove and physical contact, check in to make sure that is what you want and if you answer yes the session ends.

My heirs, guardians, legal representatives, and I hereby and forever release, waive, and discharge any claims against, Melissa Levi and/or any of her associates or affiliates. I take full responsibility and am responsible for all liability for loss or injury incurred while in association with or applying energetic techniques and information learned from Melissa Levi, and/or any of their associates or affiliates.

I have carefully read this agreement and fully understand its content. I am aware that this is a waiver and release of potential liability and a contract between the above noted parties and myself. I understand that this contract is binding and acknowledge that I am signing this of my own free will.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Address: \_\_\_\_\_

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Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_