

INFORMED CONSENT AGREEMENT

Catherine Liggett
Shadow Worker | Channel | Guide
BRAVE INTUITIVE ARTS, LLC

Welcome to my practice! This document contains important information about my professional services and business policies.

SHADOW INTEGRATION SERVICES

Shadow work is a deeply healing process of integrating your repressed aspects, so that you may live as your whole self, with joy, purpose, and vitality. This work has both benefits and risks. The vast majority of my clients experience greater contentment, intimacy with themselves, and renewed purpose, among many other changes. However, there are no guarantees about the results of our session. Ultimately, you and divine Source are responsible for your own growth and healing, and it is impossible to foresee the outcome of a particular session.

Risks of a session include experiencing uncomfortable feelings, such as fear, sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of integration inevitably involves recognizing, and in most cases intensely feeling, that which you wish to heal. I may also ask you to amplify uncomfortable feelings to help you release resistance and thereby allow integration to take place. These intense emotions can occur both during and after our session. Some clients have also reported physical symptoms such as abdominal discomfort or changes in bowel movement for one to several days following our session.

For specific suggestions as to how to care for yourself after our session, see the page on my website, www.catherineliggett.com, entitled "Post-Session Self-Care".

As an intuitive, I receive information about who you are in- and sometimes before- your current lifetime, and what you most need to heal at the present time. Any information that I receive about a client intuitively is treated with the same confidentiality as I treat information that we share in session.

I may use light touch during sessions to connect with your energy, so if you would rather not be touched, please let me know, and I will gladly work with your energy in other ways.

I take impeccable care with the information that I give to clients, and pledge to always share only what is in client's best interest to know. I will never predict specific events in your future, and always emphasize your own free will as the primary authority in your life.

APPOINTMENTS

Appointments for adults will ordinarily be 75 minutes in duration. If you need to cancel or reschedule a session, I ask that you provide me with **24 hours notice**. If you miss a session without canceling, or cancel with less than 24-hour notice, my policy is to collect the full amount I would normally charge for the session. If it is possible, I will try to find another time to reschedule the appointment. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

PROFESSIONAL FEES

The standard fee for a 75-minute Shadow Integration Session is \$220.00. A 45-minute children's session (ages 12 and younger) is \$150.00. Payment can be made via check, cash, Apple Pay, or card at the time of or prior to your appointment. Any checks returned to

me are subject to an additional fee of up to \$25.00 to cover the bank fee that I incur. If you refuse to pay your debt, I reserve the right to use an attorney or collection agency to secure payment.

CONFIDENTIALITY

Information that you share in a session with me, or that I receive intuitively about you, is kept strictly confidential, with the following two exceptions:

1) If you are working with a healing practitioner with whom I consult professionally, this practitioner and I may share general information about you in consultation to best serve your healing. Please let me know in writing if you would rather I keep all information about you strictly confidential, including to my consulting practitioners, and I will gladly respect that wish.

2) I will need to report any information regarding imminent harm to yourself or others to parties that may be involved. If you have further questions about what this information might be, please do not hesitate to ask me.

PARENTS & MINORS

It is my policy not to provide treatment to a child under age 13 unless s/he agrees that I can share whatever information I consider necessary with a parent. For children 14-17, I request a verbal agreement between the client and the parents allowing me to share general information about the healing process and the content of our session(s) with a parent.

CONTACTING ME

I do my best to be available to communicate with clients outside of our sessions, though I am often not immediately able to respond. **It is my general policy not to “friend” clients on Facebook, but you are welcome to “like” my page “Shadow Work with Catherine Liggett”.**

CONSENT TO SHADOW INTEGRATION

Your signature below indicates that you have read this Agreement and agree to its terms.

_____ Date: _____

Signature of client or personal representative

Printed name of client or personal representative

Relationship of personal representative to client (if applicable)