



Creatively, LLC

Creativity Coaching Policies, Procedures and Consent 2022

Policies, Procedures and Consent to Treatment

Welcome to Creativity Coaching!

Welcome to Creatively, LLC. This information sheet is to help you understand the policies of my creativity coaching practice. If you have any questions regarding this information, please don't hesitate to ask. My goal is to provide you with my highest standard of care during your course of treatment.

Premium Coaching Sessions

Creatively, LLC is designed to deliver premium, boutique- style coaching that produces life-changing results. By agreeing to work together, we are both agreeing to commit substantial resources to creating these meaningful changes in your life. I agree to only engage a small, sustainable number of clients at a time to focus my energies on supporting this work with you. You agree to work with me of your own free will and agree to dedicate the energy, time and resources to make some important changes in your life. We are after important outcomes and I want to see you realizing changes that you have otherwise felt blocked from in your life. At any time, if either of us is not supporting or benefiting from this agreement, services can be terminated. We are agreeing to work together only to impact serious and important change in your life!

Values in Coaching

I believe Creative People are our future and your voice needs to be heard! I support your uniqueness and authenticity, and I strongly believe in equality, diversity, and inclusion. Creatively, LLC stands as an ally and holds a safe space for all genders, cultures, religions, races, and orientations.

Appointments

When you arrive for your appointment please have a seat in the waiting room and I will come to greet you. Coaching sessions will run 45-50 minutes.

Non-Cancellation Policy

When you schedule your appointment, you have committed to that appointment date and time. If you need to reschedule your appointment, with a minimum of 48 hours notice, I will make every effort to assist you in rescheduling your appointment if I have an alternative available, however, you are financially responsible for your appointment at the time of scheduling and will be billed for your appointment whether you attend or not. Please know, if you are more than 15 minutes late to your scheduled appointment, you have forfeited your scheduled appointment time.

Fees and Payment Policy

Payment is expected at the time of your appointment. You are responsible for paying the full session fee at the time of your appointment. The full session fee is 250\$. For new clients there is a one time fee for your first session of 325\$. You are expected to pay outstanding charges in order to continue to receive services. Cash, checks, money orders, CashApp and credit cards are accepted. There is a 25\$ processing fee for any returned checks. A current fee schedule for services is available upon request and is subject to change. You are required to enter a payment method into the client portal for use when an unpaid balance has accrued of equal to or greater than 50\$. You will be notified and provided an invoice of outstanding charges before they are applied to your payment method. Creatively LLC reserves the right to deny treatment if no payment method is on file and/or for outstanding balances.

Phone Policy

All telephone calls should be made to my office number. Please note that I am available for part-time office hours only, and will check and answer voicemail messages accordingly. You may leave only NON-URGENT voicemail messages. I will respond to your messages according to my current work schedule. For urgent matters, please see the Emergency Contact Policy. Phone calls requiring longer than 10 minutes may be billed at ten minute intervals.

Emergency Contact Policy

During working hours I will do my best to respond to individual crises in a timely fashion. However, my working hours are part time and subject to change, and during working hours I am usually in session with another client. My practice is not designed to respond to emergencies. If you are having an emergency, dial 911 or go to the nearest emergency room. You may also contact one of the following resources for urgent, non-emergency help that cannot wait until I am next available:

Grassroots Crisis Hotline (Howard County Residents): 410-531-6677

Sheppard Pratt Crisis Walk-In Clinic: 410-938-5302

National Suicide Prevention Hotline: 1800-273-8255

Baltimore County Crisis Response System: 410-931-2214

Maryland Crisis Hotline 1800-422-000

app: "There is Hope" Suicide Prevention App for Smartphones:

Apple App Store: <https://itunes.apple.com/us/app/there-is-hope/id1122136102?mt=8>

Google Play Store: <https://play.google.com/store/apps/details?id=com.nextlogik.grassroots&hl=en>

Electronic Communication Policy

With your permission, I may email you resources, paperwork and other information discussed during session. With your permission, I may text you appointment reminders. With your permission, I may add you to the company newsletter. It is impossible to guarantee the confidentiality of email or text messaging content. By this notice you grant Creatively, LLC, permission to email and text you. You acknowledge the risks, and release Creatively, LLC, from liability for the risk to your confidentiality. Emails and texts should be limited to administrative issues such as scheduling. Additional correspondence may be billed. Creatively, LLC does have social media pages for business communication, updates, workshops and clinical resources. These accounts are for practice wide information and

not suited for individual clinical content. Outside of business accounts for Creatively, LLC, I do not accept requests on Facebook, Linked In or other social media platforms

Inclement Weather

If your appointment is held in person, and it is necessary to cancel office hours due to inclement weather, I will update business social media pages and website and the client portal will send you a message to notify you. Please call or text before leaving for your appointment to verify sessions have not been canceled during inclement weather. If offices are closed due to inclement weather you may opt to attend your appointment electronically.

Termination

If the patient wishes to stop coaching, I request that a termination session is attended in person, so proper closure including resources and discharge planning can be completed.

Sobriety During Session

I require my clients to be sober from drugs, alcohol and any other mood altering substances during scheduled session time. This excludes any medication being taken as prescribed if it does not preclude the ability to participate fully in session. It is the policy of Creatively, LLC that if a client attends a session under the influence of a substance the session will not be held and the client will be billed at the missed session rate. If a minor attends a session intoxicated the parent or guardian will be notified.

Separation, Divorce, Foster Care and Shared Custody Policy

In separated or divorced families, foster families or families that share or have been awarded temporary or permanent custody, the person who initiates treatment is held financially responsible. I will not bill another person for services rendered. Payment remains due at the time of each coaching session. Paperwork must be provided to establish custody, including shared custody, and in the case of shared custody, both parents must consent to treatment and complete an authorization form

Confidentiality

Confidentiality between a patient and coach is an important part of the coaching process. Information you share with me as your therapist will not be disclosed to a third party without your consent. There are exceptions to your confidentiality, including, but not limited to, the list below:

1. If you are at risk of harming yourself for others
2. In the case of child abuse or neglect or elder abuse or neglect or the abuse or neglect of a vulnerable adult
3. If required by law such as a court order or other legal proceeding
4. Information required to bill your insurance company
5. In cases where the patient is a minor

Paperwork

If, as part of your coaching, you are seeking paperwork such as letters of verification, request for accommodations for disability, return to work documentation, etc, you must be in regular coaching (e.g. adherent to agreed upon frequency of appointments) for a minimum of 3 months or more, subject to my discretion as your coach. Depending on the complexity of the paperwork, additional fees and charges may apply at the time of completion. Creatively, LLC, does not provide evaluations solely for the purpose of issuing documentation or completing paperwork.

Client Portal

As a client of Creatively, LLC, in additional effort to protect your privacy with electronic communication, you will be given access to the Client Portal. The portal is the most secure way to send messages about your treatment. You will be required within the first week of treatment to log on to the Client Portal to verify your insurance information and add a payment method. The payment method will not be charged unless you owe a back balance of over 50\$ for services to Creatively, LLC

Complementary Therapy Modalities

While I am a licensed mental health therapist, my ability to practice my license in the work we do together has regulations mandated by my Licensing Board. If this is something you are interested in discussing further, we can talk about assets and limitations during our initial evaluation coaching session.

As your chosen treatment creativity coach I am committed to your care. Please discuss with my any questions or concerns you may have regarding these policies.

Cindy Cisneros, Creativity Coach, LCPC-S, LPC

Consent for Treatment and Statement of Financial Responsibility

I have read and understand the policies and procedures agreement as outlined in this information package for Creatively, LLC and agree to abide by its terms during the course of our professional relationship.

I understand that by signing this document I am consenting to treatment with Cynthia Cisneros, Creativity Coach, LCPC-S, LPC. I understand that by electronically entering my name below I am affixing my signature and giving consent for treatment for myself and/or the patient.

If the Client is a Minor, I (Parent/Guardian Name):

give consent to have my child, (Child/Patient Name)::

Be seen for treatment by Cynthia Cisneros, Creativity Coach, LCPC-S, LPC of Creatively, LLC

I understand that I am financially responsible for all charges incurred during treatment, including payment for missed visits.

Electronic Signature of Patient or Responsible Party:

Relationship to Patient:

Patient Name:

Date:

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