

**Creative Books and Music, L.L.C.**  
**"EMPOWERMENT CONSULTATIONS POLICY FORM"**

Please read the following information and then sign the form, sending it via regular mail with your payment. If you have any questions, please E-mail Creative Books and Music, L.L.C. at: [info@CreativeBooksAndMusic.com](mailto:info@CreativeBooksAndMusic.com) or call 1-866-58-CREATE (1-866-582-7328). Thank you.

**Policy:**

- 1) You may contact Creative Books and Music, L.L.C., by either phone or E-mail to request an appointment. You will be contacted via phone or E-mail to set up a one-hour "Empowerment Consultation" appointment with a day/date and time.
- 2) Once a date has been scheduled, you will need to send in your payment of \$75.00 (which includes a non-refundable appointment fee of \$25.00) along with this signed "**Empowerment Consultation Policy Form.**"
- 3) Full payment of \$75.00 must be received by Creative Books and Music, L.L.C., at least one week prior to your appointment.
- 4) Upon clearance of your payment, the Consultant will contact you for your one-hour "Empowerment Consultation" session at the scheduled day/date and time.
- 5) This phone session is private and the information is kept confidential. You must be at the phone number that you indicate on this "**Empowerment Consultation Policy Form**" at least 5 minutes before your scheduled time.
- 6) When you are contacted at your scheduled day/date and time, if you are not available and do not answer the phone, a voice message will be left if possible. A second attempt will be made to contact you within 10 minutes of the first attempted call. The time spent to contact you will be part of your one-hour session time.
- 7) If the Consultant is unable to reach you after the second attempt to call you, you will be sent an email (if you included your E-mail on this "**Empowerment Consultation Policy Form**"), stating that all attempts were made to contact you for your session.
- 8) If you are not available for your scheduled appointment time due to extenuating circumstances and/or the Consultant is unable to reach you via phone at the scheduled time, then one (1) rescheduled appointment will be allowed. You must make a request for a new appointment in writing and send the request either via email or regular mail within one week of your originally scheduled appointment. Without a written request, no new appointment will be made and no refunds for the session will apply.
- 9) Ideally, rescheduled appointments must be arranged at least three days prior to your originally scheduled day/date and time.
- 10) If for some reason you do not receive a phone call, please send an E-mail to [info@creativebooksandmusic.com](mailto:info@creativebooksandmusic.com) at the time of your appointment. The Consultant will check for an email within that hour and will attempt to contact you a third and final time. Please be sure that the information you include on this "**Empowerment Consultation Policy Form**" is accurate.

**PAYMENT Information**

**Phone Consultations: \$75 (for 1 hour)** A non-refundable appointment fee of \$25.00 is included in the \$75.00 fee. Full payment of \$75.00 must be received at least one week prior to your scheduled session. You may pay with a credit card over the phone, or mail in a check or money order. (At this time, no insurances are accepted.)

**Refunds:** You may cancel your session up to three days prior to the scheduled session and receive a refund, less the \$25.00 non-refundable appointment fee. You would be refunded \$50.00. Sorry, no refunds apply after you have received your phone consultation session. Under extenuating circumstances, if the Consultant cannot reach you for your scheduled appointment, one rescheduled appointment will be allowed, but you must make a request in writing for a new appointment. If the Consultant needs to cancel the session, a new session will be rescheduled. Under these circumstances, if no date can be agreed upon between the Consultant and you, the client, within one calendar year from the original session date, you will be refunded the full \$75.00.

**Terms:** The Consultant may choose to terminate an "Empowerment Consultation" session based on the following conditions if any of these occur prior to or during a session at any time. Also, the Consultant may decline to offer "Empowerment Consultation" services to a Client for these or any other negative conditions based on the Consultant's decision. If payment has been made, no refunds would apply under these circumstances. Termination of a session will occur if a client does the following prior to and/or during an "Empowerment Consultation" session: 1) Uses inappropriate and negative words, phrases, threats, etc. that are intended to hurt and/or harm the Consultant and/or that negatively affect the continuation of the session with the Consultant; 2) Cancels an appointment more than 2 times.

**Conditions:** The "Empowerment Consultation" services are intended to offer guidance to a client for a limited time. These are **NOT** professional counseling sessions. If a client chooses to seek professional counseling and therapy sessions, it is his/her right to do so. The Consultant will offer "Empowerment Consultation" sessions once a week for a period of one month. This is a total of four (4) sessions. These four sessions may also be spaced out over a period of one year. No further consultations will be offered after the four sessions. New sessions may occur the following year.

**Disclaimer:** Sandra A. Chimenti, M.Ed., has a master's degree in Early Childhood Education from Oakland University in Michigan. She is NOT a medical doctor. Her education and training is based in the field of education as well as training through many presentations, books, classes, and programs related to the field of self-help, spiritual empowerment, parenting, basic nutrition, and education. Your decision to seek her "Empowerment Consultation" services is your choice. Please refer to the "Disclaimer from *The Real Me* book" below.

**Terms in Disclaimer below:** Author (Consultant) refers to Sandra A. Chimenti, M.Ed.; Book (these Empowerment Consultations) refers to the "Empowerment Consultation" session(s); and Reader (Client) refers to the person receiving the "Empowerment Consultation" session(s).

**Disclaimer from *The Real Me* book with modifications:** The author (Consultant) of this book (these Empowerment Consultations) shares her views, opinions, and ideas. The information contained in this book (these Empowerment Consultations) is based on the author's (Consultant's) life experiences and education from various resources. The author and publisher (Consultant) are not offering any medical, legal, or other professional advice, and are not liable for any damage, injury, or any claims made by the reader (Client) due to reading or following any information contained in this book (these Empowerment Consultations). In the event the reader (Client) follows any information contained in this book (these Empowerment Consultations), the author (Consultant) and publisher assume no responsibility for the reader's (Client's) thoughts and actions, including choices to seek and/or receive professional guidance, counseling, medical assistance, legal services, and/or any other professional assistance and/or services as needed.

**ACCEPTANCE OF TERMS, CONDITIONS, AND POLICY:** Please print out these pages, read them, sign this page, and mail these pages with your payment to:

**Mailing Address:** Creative Books and Music, L.L.C., P.O. Box 70761, Rochester Hills, MI 48307

**Contact Number:** 1-866-58-CREATE (1-866-582-7328)

**PLEASE MAKE YOUR CHECKS OR MONEY ORDERS PAYABLE TO:** [Creative Books and Music, L.L.C.](#)

This signed form must be received along with your payment at least one week prior to your appointment. Please make a copy for your records. Include a photocopy of your driver's license for identification purposes. **Please complete all bold sections.** Thank you.

Please print your name.

**Client's Printed Name:** \_\_\_\_\_

I agree to the above terms, conditions, and policy. My signature constitutes my understanding and acceptance of this agreement.

**Client's Signature:** \_\_\_\_\_

Phone number where you will be contacted for your phone consultation.

**Client's phone number where to be contacted for session:** \_\_\_\_\_

**Client's Address:** \_\_\_\_\_

**Client's E-mail Address (optional):** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Preferred Days/Dates and Times** (Please include three choices in the order of your preference): \_\_\_\_\_

Along with this form, please mail [a photocopy of your Driver's License](#) for identification purposes. Thank you.

For Office Use. Form completed: Yes No | Photocopy of Driver's License included: Yes No