



Rooted Grace Studio Informed Consent for Therapeutic Art Services

Welcome to Rooted Grace Studio. This document explains the nature of services offered and outlines important information about participation. Please read this document carefully and ask any questions before signing.

Nature of Services

Rooted Grace Studio provides Christ-centered therapeutic art facilitation services designed to support emotional expression, creative exploration, spiritual reflection, stress reduction, and personal growth through guided artistic processes.

Maleyne Francis is a Therapeutic Artist and offers non-clinical creative wellness services.

Sessions may include:

- Guided art-making experiences
- Creative exercises for emotional exploration
- Reflective discussion related to artwork
- Scripture-inspired creative reflection
- Prayer (upon client request)
- Mindfulness and grounding practices
- Journaling or personal reflection

The goal of these sessions is to encourage creative expression, self-awareness, and spiritual reflection.

Not Therapy

I understand that:

Rooted Grace Studio does not provide psychotherapy, counseling, or mental health treatment.

Maleyne Francis is not a licensed mental health professional.

Services do not include diagnosis, treatment of mental illness, or crisis intervention.

Therapeutic art sessions are not a substitute for therapy, psychiatric care, or medical treatment.

If I require mental health treatment, I agree to seek care from a licensed mental health professional.

Christ-Centered Foundation

Rooted Grace Studio operates from a Christian worldview and recognizes Jesus Christ as central to the mission and philosophy of the studio.

I understand that sessions may include:

- Faith-based reflection
- Scripture inspiration
- Christ-centered encouragement
- Prayer (optional)

Faith integration is:

- Respectful and client-led
- Never forced or imposed
- Optional for each participant

Clients of all backgrounds are welcome; however, the foundation of Rooted Grace Studio is explicitly Christ-centered.

Emotional Awareness

Creative expression can sometimes bring up unexpected emotions or personal insights.

I understand that:

- I am responsible for communicating if I feel uncomfortable or overwhelmed.
- I may pause or stop a session at any time.
- I am responsible for my own emotional, physical, and spiritual well-being during and after sessions.

Confidentiality

Personal information shared during sessions will be treated with respect and confidentiality.

However, confidentiality may be limited in the following situations:

If there is disclosure of intent to harm oneself or others

If abuse of a minor, elderly person, or vulnerable individual is disclosed

If required by law

Rooted Grace Studio is not a HIPAA-covered medical provider, but professional confidentiality will be maintained to the best of ethical practice.

Collaboration with Counseling Providers

If sessions occur within a counseling office setting:

Therapeutic art services are complementary creative wellness services.

They do not replace therapy with a licensed counselor.

If I am currently receiving counseling, I am encouraged to continue working with my licensed provider.

No communication with a therapist will occur without written consent.

Fees, Payment & Cancellation Policy

Payment is due at the time of service unless otherwise agreed.
Accepted payment methods may include debit card, credit card, or electronic payment.
Session rates may change with reasonable notice.

Cancellation Policy

Appointments are reserved specifically for each client.
A minimum of 24 hours notice is required to cancel or reschedule a session.
Cancellations made with less than 24 hours notice may result in a cancellation fee up to the full session cost.
No-shows will be charged the full session fee.
Exceptions may be made in cases of illness or emergency at the discretion of Rooted Grace Studio.
Repeated missed appointments may result in discontinuation of services.

No Emergency Services

Rooted Grace Studio does not provide emergency or crisis services.
If I experience a mental health emergency, I agree to contact:
-911
-988 Suicide & Crisis Lifeline
-A licensed mental health professional

Voluntary Participation

Participation in therapeutic art sessions is completely voluntary. I may discontinue services at any time.

Client Acknowledgment

I acknowledge that I have read and understand this Informed Consent document. I have had the opportunity to ask questions and voluntarily agree to participate in services provided by Rooted Grace Studio.

Client Name: _____
Signature: _____
Date: _____