



Equine Affirmative

Consent to Treatment of a Minor

I _____ give my consent to Equine Affirmative to provide treatment and therapy necessary or advisable for my child. I understand I may stop treatment at any time and that Equine Affirmative has the same right.

I realize that my child's treatment is confidential. Information may not be released without my written consent except in the event that an issue is raised which in the therapist's judgment would endanger my child's welfare. I would be notified, as would appropriate authorities and resources if indicated. (see "HIPAA Notice of Privacy Practices")

My child's therapist may determine with my child that my participation is needed to treat or discuss specific issues, with or without my child present.

Minor's Name: _____

Minor's Date of Birth: _____

Parent/Guardian's Signature: _____ Date: _____