

Informed Consent/Service Agreement

Welcome to Equine Affirmative. This document contains important information about my professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights regarding the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations.

Although these documents are long and sometimes complex, it is very important that you understand them. Signing this document represents an agreement between us. We can discuss any questions you have when you sign or at any point in the future.

I. EQUINE ASSISTED THERAPY & PSYCHOLOGICAL SERVICES

Equine Assisted Psychotherapy includes a combination of experiences and activities with horses as well as talking about what those experiences mean to you. Horses are sentient beings and are interested in relationships, provide feedback, and present opportunities to learn about yourself. Sometimes these activities are restricted to "on the ground". This therapy takes place in an outdoor setting at a barn. It is important to wear shoes that will protect your feet and appropriate clothing. As there is no formal waiting room, please remain in your car or away from the entrance to the barn in order to provide privacy to other clients.

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each party. As a client in psychotherapy, you have certain rights and responsibilities. There are also legal limitations to those rights you should be aware of. We have responsibilities to you, as well. These rights and responsibilities are described in the following sections.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of psychotherapy often requires discussing unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. But, there are no guarantees about what will happen. Psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss outside of sessions.

The first session will involve a comprehensive evaluation of your needs. By the end of the evaluation, we will be able to offer some initial impressions of what our work might include. At that point, we will discuss your treatment goals and create an initial treatment plan. You should evaluate this information and make your own assessment about whether you feel comfortable working with us. If you have questions about our procedures, we should discuss them whenever they arise. If your doubts persist, we will be happy to help you set up a meeting with another mental health professional for a second opinion.



II. APPOINTMENTS

Appointments will ordinarily be once per week at a time we agree on, although some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone.

If you need to cancel or reschedule a session, we ask that you provide 24-hour notice. If it is possible, we will try to find another time to reschedule the appointment.

You're also responsible for coming to your session on time; if you are late, your appointment still needs to end on time.

III. PROFESSIONAL FEES

The standard fee for an individual is \$120 per session, for families or couples the fee depends on the number of participants and number of sessions. Equine Affirmative does not participate in any insurance panels, and you have the right to a Good Faith Estimate. You are responsible for paying at the time of your session unless prior arrangements have been made.

Any checks returned to our office are subject to an additional fee of up to \$30.00 to cover the bank fee that incurs. If you refuse to pay your debt, Equine Affirmative reserves the right to use an attorney or collection agency to secure payment.

IV. **INSURANCE**

Equine Affirmative is not a participating provider for insurance plans. However, we will supply you with a receipt of payment for services, which you can submit to your insurance company for reimbursement. Please note that not all insurance companies reimburse out-of-network providers. If you prefer to use a participating provider, we will refer you to a colleague.

V. PROFESSIONAL RECORDS

Equine Affirmative is required to keep appropriate records of the psychological services that we provide. Your records are maintained in a secure location in the office. We keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records we receive from other providers, copies of records we send to others, and your billing records.

Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and/or upsetting to untrained readers. For this reason, we recommend that you initially review them with us or have them forwarded to another mental health professional to discuss the contents.

If we refuse your request for access to your records, you have the right to have the decision reviewed by another mental health professional. We can discuss upon your request. You also have the right to request that a copy of your file be made available to other healthcare providers.



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VI. **CONFIDENTIALITY**

Any information you provide, or records we maintain, are kept strictly confidential and comply with HIPAA regulations (see Notice of Privacy Practices, including extenuating circumstances). Exclusions that specifically apply to the equine program:

- Any other therapeutic riding instructors, volunteers, interns or staff may need limited client information to provide for therapeutic effectiveness and/or safety. Any staff or volunteers are trained and supervised regarding confidentiality.
- The physical facility is not enclosed, and participants may be viewed from the road or surrounding environments.
- Other staff or volunteers from the facility and/or program may have a need to come to the facility during our appointment times, although every effort is made to prevent this from happening, there is no way to guarantee absolute privacy, especially in case of emergency.

VII. PARENTS & MINORS

While privacy in therapy is crucial to successful progress, parental involvement can also be essential. It is our policy not to provide treatment to a child under age 13 unless s/he agrees that we can share whatever information we consider necessary with a parent.

For children 14 and older, we request an agreement between the child and parents to share general information about treatment progress and attendance, as well as a treatment summary upon completion of therapy. All other communication requires the child's agreement unless we feel there is a safety concern. In this case, we will make every effort to notify the child of our intention to disclose information and handle any objections raised.

VIII. CONTACTING US

The best way to contact is by calling or e-mailing.

We are often not immediately available by telephone. We do not answer phones when we are with clients or otherwise unavailable. At these times, you may leave a message on our voicemail and your call will be returned as soon as possible. It may take a day or two for non-urgent matters.

If, for unseen reasons, you do not hear from us or we are unable to reach you, and you feel you cannot wait for a return call or feel unable to keep yourself safe, please go to your local hospital Emergency Room, call 911, or call or text the Icare Crisis Hotline at (800) 836-2465. We will make every attempt to inform you in advance of planned absences.

IX. OTHER RIGHTS

If you are unhappy with what is happening in therapy, we hope you will talk with us so that we can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also



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request that we refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe, and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about our specific training and experience. You have the right to expect that we will not have social or sexual relationships with clients or former clients.

X. CONSENT TO PSYCHOTHERAPY

Your signature below indicates that you have reagree to their terms.	ead this Agreement and the Notice of Privacy Practices and
Printed Name	
Signature	
Date	