

## **Special Strides Equine Facilitated Psychotherapy**

### **Informed Consent to Treat**

In order to provide you with the best possible care, the following policies have been outlined for you. Read them carefully, and feel free to make a copy for yourself. Please sign below indicating your acknowledgment of the information and acceptance of the terms for treatment.

#### **CONFIDENTIALITY**

Any information that you provide, or records that we maintain, are kept strictly confidential, and comply with HIPAA regulations.

Exclusions that specifically apply to equine program:

- Any other therapeutic riding instructors, volunteers, interns or staff may need limited client information in order 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 (or unaware visitors) may 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.

#### **PAYMENT OF FEES**

Payment will be made at the time services are rendered. An invoice will be provided for insurance submission.

## **SAFETY**

Safety for clients, staff, horses, and anyone is of primary concern, and all therapists at Special Strides are committed to operating in a manner consistent with that concern. Consequently, the programs, facility, horses, equipment, etc., meet industry standards, and all Special Strides therapists either are, or are assisted by, a PATH Intl Equine Specialist in Mental Health and Learning. Nonetheless, there are dangers inherent in any animal-assisted program.

## **EMERGENCIES**

Physical emergencies will be handled according to information on the Authorization for Emergency Medical Treatment form. Psychological emergencies should be handled according to best practice.

## **LIABILITY RELEASE AGREEMENT AND CONSENT TO TREATMENT**

\_\_\_\_\_ (CLIENT NAME) would like to participate in equine-facilitated psychotherapy. I acknowledge the risks and potential for risks of equine assisted activities. However, I feel that the possible benefits to myself/my child/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damage against Special Strides and treating therapist, and/or leasing facility owners, staff, volunteers, instructors, or Board of Directors, for any and all injuries and/or losses I/my child/my ward may sustain while participating in equine assisted activities or therapies at the program.

Client Signature: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

