



## **Orbit & Oak Therapy at Galactic Sky Farm**

---

To ensure the safety, comfort, and success of all participants, we ask that you review and adhere to the following policies:

### **1. Footwear Requirement**

All participants must wear closed-toe shoes at all times while on the property.

### **2. Appropriate Clothing**

Please wear clothes that can get dirty. Activities may include interaction with animals, outdoor play, and farm-based tasks.

### **3. Supervision Policy**

An adult (18+) must accompany the participant to each session and remain on the property for the duration of the visit.

### **4. Safety & Behavior**

Sessions may be ended early at the therapist's discretion due to unsafe behaviors, including but not limited to:

- Aggression toward people or animals
- Elopement (running off or wandering away)
- Destructive behavior

### **5. Illness Policy**

To protect everyone's health, participants must be:

- Fever-free for at least 24 hours without the use of fever-reducing medication
- Free from vomiting, diarrhea, or other gastrointestinal symptoms for at least 48 hours

### **6. Photography & Filming**

Please ask for the therapist's permission before taking any photos or videos during sessions.

### **7. Payment Policy**

Payment is due at the time of the session, unless otherwise arranged in advance. We accept the following forms of payment:

- Cash
- Credit card
- Zelle
- PayPal
- Check (Please note: A \$35 fee will be applied for any returned or bounced checks.)

## 8. Super Billing for Insurance

Orbit & Oak Therapy is a private-pay practice. However, we can provide superbills upon request. These itemized receipts may be submitted to your insurance company for potential out-of-network reimbursement.

Reimbursement is not guaranteed. It is the responsibility of the participant/family to:

- Contact their insurance provider to determine if superbills are accepted
- Find out what documentation may be required, such as:
  - A prescription or referral from a doctor
  - Specific diagnostic codes (ICD-10)
  - Specific billing codes (CPT)
- Understand their out-of-network benefits and whether a deductible must be met

## 9. Restroom Availability

At this time, there is no public bathroom available. We are a small-scale operation with plans to expand, and appreciate your understanding.

Hand sanitizer and handwashing stations are available for use.

## Participant Information

Name of Participant: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

If participant is a minor:

Name of Parent/Guardian: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

## Signature

I certify that I have read this form in its entirety. I understand and agree to all terms and conditions stated herein. I am signing this release voluntarily and with full understanding of its implications.

Signature of Participant (or Parent/Guardian): \_\_\_\_\_

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