**Welcome to our practice.** This document contains important information about our professional services and business policies. Please read it carefully. When you sign this document, it will represent an agreement with Arise Equine Therapy Foundation (AEFT) and the professional staff employed and/or contracted by the Foundation.

**Clinical and Therapist Information.** Therapy is a collaborative process between you and a professional therapist to address specific areas that you have identified in your life. A primary commitment of EAP SERVICES is to provide you with quality psychotherapy and/or counseling services. However, no therapist and/or counselor can guarantee that these services will be effective for you. This statement is intended to convey pertinent information regarding our services, empowering you to make choices based on accurate information. All our therapist have either Masters or Doctorate level degrees and work in partnership with an Equine Assisted Growth and Learning Association (EAGALA) certified horse professional. Therapists are either licensed by the State as Professional in their field or they are working toward licensure under an approved supervisor. We endeavor to maintain a high level of competence and we adhere to professional, legal, and moral standards. Equine-Assisted Psychotherapy is a team approach to psychotherapy with a therapist, a horse professional, and a horse. We seek to integrate the emotional, spiritual, physical, relational, and mental elements in the therapy process. A variety of techniques and approaches are used. If you have any further questions regarding your therapist’s training or professional approach, please feel free to ask your therapist.

**Benefits and Risks.** Therapy has benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, or other emotions. Each person’s experience and outcomes are unique to their situation.

**Communications:** You may contact your therapist directly at the number that they provided or at the office, (314) 474-9400, for non-emergent situations. In the case of an emergency please call 911 or proceed to your nearest emergency room. Your therapist is not on-call at all times and may be unreachable. You may leave a message for your therapist who will return your call when they are able.

Electronic Transmissions. AETF strongly discourages the use of electronic communication between clients and their therapist and/or horse professional. These forms of communication, cell, e-mail, and other forms of internet communications, are not secure/confidential forms of communication and do not guarantee confidentiality. By signing this form, you are allowing Arise Equine Therapy Foundation staff and/or its independently contracted providers to use these forms of communication and are waving your rights provided by federal and state laws about confidentiality. You agree not to hold Arise Equine Therapy Foundation staff and/or its independently contracted providers legally responsible for the transmission of this data.

**I have read and understood the policy and recommendations for communications, including electronic transmissions. \_\_\_\_\_\_\_\_\_\_(Initials).**

**Appointment and Fee Policy**

1. The normal fee for our services per session is dependent upon the treatment design. Fees must be paid out of pocket. Payment is due at the time services are rendered. We are not set up to bill insurance directly. You will be provided an invoice after each session should you wish to submit it directly to your insurance company. If you will be filing on your insurance, it is IMPORTANT that you realize we must assign a diagnosis, and that diagnosis will permanently be on your medical record.
2. Cancellation policy. If you are unable to keep your appointment, please give a 24-hour notice. Unless there is an extreme emergency, we will charge you one-half of your fee is a 24-hour notice is not given and the full fee for missed appointments with no notice. The fees are to be paid by the next appointment.
3. If you request your therapist to provide non-therapy services, such as attending meetings with school officials or other professionals, charges for those services will normally be higher than the usual rate for individual therapy sessions.

If you become involved in legal proceedings that require your therapist’s participation, you will be expected to pay for their professional tee even if they are called to testify by another party. Because of the difficulty of legal involvement, charges for such services are higher than those for regular individual therapy services.

Therapists, at their discretion, may charge for excessive time spent on phone calls between therapy sessions. This includes calls you make to your therapist as well as calls the therapist makes to other at your request, such as to your child’s school or to your attorney.

1. **I have read and understand the appointment and fee policy. (Initials).**

**Confidentiality Information**

1. Content obtained in the counseling sessions will be handled professionally and confidentially. This information will be used by your therapist, the horse professional, and the supervisor for your therapeutic benefit. If for treatment purposes, we need information from another party, we will ask you to sign a Release of Information.
2. To further maximize the benefits of therapy activities and to assess these benefits, you may be asked to complete a pre-test before starting therapy and a post-test after completion of therapy. The data collected will be used to improve therapy services for others in the future and to provide data needed in grant applications. No personal information will be disclosed in these findings.
3. The privacy of all records and communications between a client and the treatment team (therapist, horse professional, and the supervisor) is protected by law. There are a few exceptions as follows:
4. If you pose a risk of imminent harm to yourself or another person.
5. If you disclose that your or another person has physically or sexually abused or molested a child or an incompetent or disabled person.
6. If you disclose that a child or an incompetent or disabled person is suffering from neglect.
7. Defense of claims brought by the client against the therapist and/or horse professional of Equine Assisted Psychotherapy Services.
8. When a valid court order is issued for records and/or testimony.
9. If you sign a release form for me to divulge any or all information.
10. Reporting to insurance companies as may be requested for third party payment.
11. Ethical therapists and/or horse professionals consult with professional colleagues about their cases, in order to provide clients with the best possible services. If your therapist consults with a colleague, your therapist will not share your name or identifying information.

Due to the confidential nature of the counseling process and as a matter of policy, Arise Equine Therapy Foundation specifically prohibits the release of any therapy notes or records in our possession or in the possession of any of our therapists to any person or organization including the client or client’s representative.

1. Minors. While the law provides parents the right to examine a minor child’s treatment records, parents are encouraged to speak to their child’s therapist about the risks and benefits of exercising that right. Therapists at AETF regularly include parents in the therapeutic process with their children. AETF therapist will notify parents if they believe the minor client is at risk for harm. AETF therapists do not see minors under the age of 18 for Equine Assisted Psychotherapy or in-office therapy without parental consent.

In the case of separated or divorced parent, AETF requires a copy of the legal parenting plan unless both parents are available to consent to treatment of the minor client(s). Both parents must complete a signed consent form for their minor child(ren) to receive treatment and both parents have the right to exchange information with the therapist about the minor client(s) therapy.

1. Termination. At any time, you have the right to seek a second opinion with another qualified mental health professional. You also have the right to terminate therapy at any time. If you choose to do so, your therapist may offer to provide you with names of other professionals whose services you might prefer.

**If any of 3.A-E above applies, immediate action must be taken. I have read and understand the Confidentiality Information in its entirety as provided above. (Initials).**

**Consent to Treatment**

My therapist has reviewed the form, “Informed Consent for Therapy Services” with me in its entirety. After thoroughly reading, understanding, and receiving a copy of the above information, I voluntarily give my consent to receive, and/or for my minor child(ren) to receive, mental health assessment, care, and treatment. I authorize my therapist, who is contracted through Arise Equine Therapy Foundation (AETF), to provide such professional services. I understand and agree that I will participate in the planning of my treatment and that I may stop these services at any time.

By signing below, I acknowledge that I have both read and understood the information in AETFs’ *Informed Consent for Therapy Services* document and agree to its terms. This consent ends when I notify my therapist that I am terminating therapy or one year following my last therapy session.

**Name of Adult Client(s):**

**Signature of Adult Client(s):**

Date:

Date:

*In the case of a minor client, the signature of a parent is required.*

*If parents are divorced or legally separated, the signatures of both parents are required unless otherwise stated in the legal parenting plan.*

**Name/Age of Minor Client’s:**

**Signature:** Date:

**Signature:** Date:

### Receipt of Privacy Practices Written Acknowledgement

**I/We have received a copy of the Notice of Privacy Practices.**

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Signature of Client/Legal Guardian Date

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Signature of Client Date