**Information and Consent Form**

**Equine Assisted Therapy Services**

In order to provide an Equine Assisted Therapy service to you, I will need to collect and record personal information that is relevant to your current situation. This may include your contact details, session notes, assessment materials, a treatment plan, and information gathered from other health professionals such as your GP. This information is a necessary part of Equine Assisted Learning service.

**Confidentiality**

All personal information gathered during the provision of the Equine Assisted Learning service will remain strictly confidential except in the following circumstances:

1. Failure to disclose the information would place you or another person at serious and immediate risk of harm; or
2. It is subpoenaed by a court of law; or
3. Your prior approval has been obtained to discuss material with a third party; for example, providing a report to another professional or agency such as your GP or NDIS. Please note that for clients accessing services through WorkCover, a written report relating to your diagnosis and treatment is a condition of the service. For those accessing NDIS funding, there may be a requirement that a report be provided to the NDIS.

**Access**

You may access the material recorded in your file upon request, subject to the exceptions in the Australian Privacy Principles.

**Fees**

Session fees are payable at the end of each session. Fees may be changed at any time at my discretion; however, I will endeavour to give you adequate notice of any fee change. In certain extenuating circumstances, clients may be eligible for a reduced fee structure. This is to be discussed and agreed upon by both parties and is at my discretion.

**Cancellation Policy**

A significant amount of time is allocated to preparing for client sessions. If for some reason you need to cancel your appointment you are required to give 24 hours’ notice so that this time may be allocated to someone else. If you do not attend your appointment or fail to give enough notice (prior to 3pm the day before) cancellation fee will be charged. This fee will be charged regardless of circumstances surrounding the cancellation and applies to all clients (including clients on reduced fees). Repeated cancellations may result in discharge from the **service.**

**Therapeutic Goals**

I will consult with you about your therapeutic goals and discuss your Therapy plan, required timeframe with you prior to commencing Equine assisted learning sessions. You have the right to withdraw from these at any point in time.

**Crisis Care**

In case of emergencies, please call either your GP or present to the emergency ward of your nearest public hospital. Please note I am unable to provide crisis services.

*If after reading this information sheet you are at all unsure of what is written, please discuss it with me.*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

have read and understood the above Consent Form. I am the authorised guardian for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I agree to these conditions for the Equine Assisted Learning service provided by Rachael.

I agree to Rachael Cooper sharing relevant information in the context of the Equine Assisted Learning Sessions with the following services/people:

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

Rachael Cooper

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