



DISCLOSURE AND CONSENT STATEMENT

The following is to inform you of the polices and therapeutic practices of Special Spirit EAP Services. Please read this information carefully. If you have any questions please feel free to discuss this with your therapist.

CLINICAL AND THERAPIST INFORMATION

A primary commitment of Special Spirit EAP services is to provide you with quality therapy services. However, no therapist can guarantee that therapy services will be effective for you. This statement is intended to convey pertinent information regarding our services, allowing you to make choices based on correct information. All our therapists have either Masters or Doctoral level degrees and work in partnership with an EAGALA certified horse professional. Therapists are either licensed by the State as Professional Therapist 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 counseling with a therapist, horse professional, and a horse. We seek to integrate the emotional, spiritual, physical, relational and mental elements in the counseling 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.

APPOINTMENT AND FEE POLICY

- I. The normal fee for our services is \$_____ depending on treatment design. Fees must be paid out of pocket. We are not set up to bill insurances directly. All those who have insurance to assist with this fee are expected to handle payment for services and bill their insurance company themselves. We are willing to provide receipts needed to do so. It is your responsibility to see that the fee is covered. 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. Payment is due at the time services are rendered.

- II. If you are unable to keep your appointment, please five a 24-hour notice so that we may utilize the time to assist someone else. Unless there is an extreme emergency, we will charge you one half of your fee if 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. I have read and understand the appointment and fee policy. _____ (initial)



CONFIDENTIALITY INFORMATION

- I. Content obtained in the therapy 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 Form.

- II. 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 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.

- III. **Confidentiality is forfeited** for any of the following:
 - a. If you posed serious physical danger to yourself or another person.
 - b. If you disclose that you or another person has physically or sexually abused or molested a child or an incompetent or disabled person.
 - c. If you disclose that a child, an incompetent or disabled person is suffering from neglect.
 - d. Defense of claims brought by client against the therapist and/or horse professional of Special Spirit EAP Services.
 - e. Reporting to relevant agencies such as court and insurance company as may be ordered by the Court system or for third party payment.
 - f. If you disclose that you have committed a crime.

If any of a-f apply immediate action must be taken. I have read and understand the Confidentiality Information _____ (initial)

CONSENT TO TREATMENT

After thoroughly reading, understanding and receiving a copy of the above information, I give my consent to treatment (including assessment and therapy) to Special Spirit EAP Services. I have read and understand the policies and information state above.

Signature

Date