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**Client Agreement/Consent to Treat**

**Session Information:** Adirondack Equine Assisted Psychotherapy, LCSW, hereafter referred to as AEAP, provides mental health treatment to individuals and families. Sessions are structured so that there is check-in time prior to hands-on work with the horses and time afterward for processing sessions. There may be instances where sessions are solely office-based and do not involve horses. Spectators of any kind are not allowed during individual sessions unless explicitly requested. Sessions will often include an equine specialist who will assist with the horses. This person will be introduced to you prior to sessions together.

**Equine Involvement:** AEAP provides Equine Assisted Psychotherapy (EAP), which incorporates horses into therapeutic interventions. There is both ground work and possible mounted work that can be involved in sessions. Equine activities are inherently dangerous and all posted and recommended safety precautions should be strictly followed. Even with every safety precaution, there are still risks that cannot be controlled. Participation at AEAP as a client or participant means giving explicit agreement to be involved with equine activities and acceptance of risks that may be out of the control of the therapist. You agree to release the therapist, equine specialist, farm and anyone associated with AEAP and Haven Oaks Farm from any and all liability from any injury, real or imagined, sustained by you, your child or your property through your willing participation in EAP activities.

**Session Fees:** Sessions are 50-60 minutes and are $160. Payment can be made by cash, check or credit card. Payment is expected at time of session. Failure to pay for services at the time of session will result in a $25 fee, in addition to session fees and may also result in termination from the practice. An additional $40 charge will be added to session fees in the case of a bounced check.

**Insurance:** I currently accept CHPHP, BlueShield of Northeastern New York, Empire Blue Cross/Blue Shield, and Fidelis insurance. In addition, many insurance companies will reimburse you directly for a portion of the cost of sessions, depending on their policies. It is your responsibility to understand your insurance and benefits. If you have insurance, you **MUST** contact them **prior** to starting therapy at AEAP to determine whether they will reimburse you for sessions with an out-of-network provider. **Please request that they furnish you with written confirmation of the amount they plan to reimburse you for sessions at AEAP and bring a copy of this with you to your first session.** We may be able to work with you regarding this reimbursement rate. If you intend to request reimbursement for session fees from your insurance company, I am happy to provide you with a Super Bill, which contains information that your insurance company will require. See [www.AdirondackEAP.com](http://www.AdirondackEAP.com) for more information on how to advocate for reimbursement.

**Initials\_\_\_\_\_\_\_**

**Confidentiality:** Your privacy is of the utmost importance to us. While we protect your verbal communication, personal health information and clinical notes as outlined by HIPAA regulations, your visual privacy cannot be guaranteed. AEAP operates at a fully functioning farm and there are farm workers and other arriving clients who may see you there. Please assist in respecting others’ privacy by never discussing or disclosing anyone else’s participation at AEAP.

**Therapeutic Relationship:** Our relationship will be limited to the therapeutic sessions and will not be social, as required by law. If I see you in public, I will maintain your confidentiality by not addressing you unless you speak to me first.

**Effects of Therapy:** At any time you may initiate a discussion of possible positive or negative effects of entering, not entering, continuing or discontinuing counseling. While benefits are expected from the counseling process, specific results cannot be guaranteed. Counseling is a personal exploration and may lead to major changes in your life perspectives and decisions. These changes may affect significant relationships, your job and your understanding of yourself. Some of these life changes could be temporarily distressing. The exact nature of the changes cannot be predicted. Together we will work to achieve the best possible results for you.

**Client Rights:** Some patients need only a few therapy sessions to achieve their goals; others may require much more time. As a client (or the parent of a client), you are in complete control and may end our therapeutic relationship at any time, although I would ask that you participate in a termination session. You also have the right to refuse or discuss modification of any of my therapeutic techniques or suggestions that you believe might not be helpful.I assure you that my services will be rendered in a professional manner consistent with accepted legal and ethical standards. If at any time, for any reason, you are dissatisfied with my services, please communicate this to me immediately.

**Age Requirement:** The minimum age to participate is 6 years old. There is no upper age restriction.

**Medical/Physical Restrictions:** Participation in EAP requires that an individual be medically and physically able to participate in equine-related activities. Safety is paramount and each client will be required to have a medical clearance form on file **PRIOR** to beginning work with the horses. If at any time you feel that you or your child/ward are no longer able to safely participate in EAP sessions, you **MUST** immediately communicate this directly to the therapist. Further treatment options will then be discussed.

**Scheduling:** AEAP offers individual and family sessions, generally on a weekly basis, all year round. While weather is a consideration, we make every effort to hold sessions. If we have to cancel, we will inform you as soon as possible. If you have question about whether session will be held, you may contact your therapist. If you do not hear differently, session will be held.

**Initials\_\_\_\_\_\_**

**Cancellation Policy:** We make every effort to schedule sessions that are convenient for clients. If you must cancel, we require prior notice of at least 24 hours. Cancellations with less than 24-hour notice will be billed a $50 missed session fee. Please note that payment for a missed session will be your responsibility, and cannot be billed to your insurance. Consistent lateness or absenteeism will result in discharge from the practice.

**Weather:** In the case of severe inclement weather or dangerously cold or warm temperatures, sessions may be cancelled. If this occurs, we will inform you as soon as possible. If you do not hear from us, you can assume that session will be held. Please make sure to give us contact information that will allow us to appropriately inform you of cancelled sessions. If I have to leave a message, I will identify myself and state that the appointment for (date) has been cancelled.

**Attire:** Please wear clothing that is appropriate for the barn and the weather and that can get dirty/dusty. Closed-toed shoes are mandatory. Helmets are available for your use or you are welcome to use your own. Riding helmets must meet or exceed ASTM/SEI standards. Bicycle helmets are not permitted.

**Referrals:** I realize I am not able to provide appropriate treatment for all of the conditions that patients may have. For this reason, you and/or I may believe that a referral is needed. In that case, I will provide you with some alternatives including programs and/or people who may be able to assist you. A verbal exploration of alternatives to counseling will also be made available to you at your request. You will be responsible for contacting and evaluating those referrals and/or alternatives.

**\*\*Emergency and After Hours Accessibility\*\*: This practice is NOT considered a *crisis center.* In the event of a life-threatening psychiatric emergency, please call 911 or go to your nearest emergency room.** If phone calls to me are not answered directly, please make sure you leave a message with a contact number and the best time to contact you. I will do my best to return calls within 24 hours Monday-Friday, unless otherwise stated on my voicemail (ie: away on vacation).

I have read and reviewed this client agreement and I agree to abide by the practices and standards set forth herein. I am aware that disregarding any of the previously mentioned expectations may result in the below identified client being discharged from Adirondack Equine Assisted Psychotherapy. I am also aware that I am giving my consent for Mental Health treatment as provided by Adirondack Equine Assisted Psychotherapy, LCSW, by signing this agreement.

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Witness:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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