



**Informed Consent  
for Behavioral Health Therapy Services  
Service Agreement**

Welcome to WARHORSE RANCH. This document contains important information about our professional services and business policies. Although these documents are long and sometimes detailed, it is very important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. WARHORSE RANCH has corresponding responsibilities to you. These rights and responsibilities are described in the following sections.

**I. SERVICES**

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, (sadness, guilt, anxiety, anger, frustration, loneliness, and helplessness), because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress, and resolutions to specific problems. There are, however, no guarantees about what will happen. Psychotherapy requires a very active effort on your part.

WARHORSE RANCH offers a treatment modality called Equine Assisted Psychotherapy which is an experiential form of psychotherapy where horses are involved in the sessions. “Experiential” means that you will be involved in hands-on experiences with the horses designed to reflect things going on in your life. The process is not always about interacting with the treatment team, although that will happen at times.

It is about providing you the opportunity to experience, explore, problem-solve, discover, be creative, and gain insight and experience practical applications of what you are learning in the moment.

Why horses? There are several reasons we choose to use horses in this work, but primarily it is due to their nature as a social and prey animal. As a result of this nature, horses have an extraordinary ability to read our nonverbal communications, picking up on messages that we are not always conscious we're sending. With this, they start responding to us in familiar ways, often reminding us of other people and other things in our lives. It is through this that the horses can become metaphorical or symbolic, providing us with the opportunity to work on ourselves in relation to that which the horse represents in our life.

Horses do not know our past, education, gender, race, or other labels we may apply to ourselves and to each other. Horses live in the moment and can engage in relationships with us without the biases we humans sometimes place upon one another. This kind of relational interaction offers great value through the insights horses can give us about ourselves.

There are some risks in being around horses due to their size and nature of being prey (fear-based) animals. This potential is covered in the Liability Release Form we have provided for your review and signature and which we have covered verbally with you. It is important for you to understand the risks and benefits and ask any questions you may have about these risks as you make your decision about whether you want to be involved in the services we offer.

WAREHORSE RANCH uses many different forms of Equine Assisted Services. The below mentioned is what you can expect from your sessions.

1. All Sessions are conducted by a facilitating team (treatment team), including a Mental Health Professional (MH) and an Equine Specialist (ES). These professionals are trained in equine assisted services, which means completion of specialized training requirements of ongoing continuing education, and adherence to high standards of professionalism and practice. While both members of the team are involved in your therapy process, the role of the ES is to oversee physical safety needs and provide observations on the behaviors of the horses. The MH is there to oversee the psychotherapy process and help you make the parallels of the horse observations to your therapy goals and life. Please see our website to read our biographies.

2. All sessions are on the ground - there is no riding of horses involved in this treatment modality. This is psychotherapy and even though you may learn a thing or two about horses, it is

not the intent or focus to learn about horses or how to ride them. We are here to address your therapy goals and we commit to utilizing the methods we have found to best support that focus.

3. The process is solution-focused, meaning we believe you have the best solutions for yourself when you're given with the opportunity to discover these solutions.

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We are here to provide the setting and guidance for you to explore what is happening in the process. You are an individual, and every life situation you are involved in will have its own unique solutions which work best for you - we are here, along with the horses, to help you find your unique personal solutions.

4. This process also incorporates "Best Practice" or "Evidence Based" interventions as determined by the Mental Health profession.

Sessions will involve assessing your needs and working with you to create a treatment plan to outline your therapy goals and objectives, as well as address any questions regarding diagnosis, goals, and estimated length of treatment. We will periodically review this plan with you to discuss progress or changes in the therapy goals.

If you have questions about our procedures, please discuss them with us whenever they arise.

## **II. APPOINTMENTS**

Appointments will ordinarily be 50 minutes in duration, once per week at a time we agree on, although some sessions may be more or less frequent as needed. If you need to cancel or reschedule a session, we ask that you provide us with 24 hours' notice. If you miss a session without canceling, or cancel with less than 24 hours' notice, our policy is to collect 50% of the session fee (unless we both agree that you were unable to attend due to circumstances beyond your control). If it is possible, we will try to find another time to reschedule your appointment. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

## **III. PROFESSIONAL FEES**

The standard fee for sessions is \$150. You are responsible for paying at the time of your session unless prior arrangements have been made. Payment may be made by check, cash, or credit card. Any checks returned to our office are subject to an additional fee of up to \$25.00 to cover any bank fees that we may incur. If you refuse to pay your debt, we reserve the right to use an attorney or collection agency to secure payment. We have the right to terminate care for non-payment with appropriate planning for your treatment needs.

In addition to appointments, it is our practice to charge this amount on a prorated basis (we will break down the hourly cost) for other professional services that you may require.

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If you anticipate becoming involved in a court case, we recommend that you discuss this with us fully before you waive your right to confidentiality. If your case requires our participation, you will be expected to pay for the professional time required even if another party compels us to testify.

For us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for mental health treatment. You are responsible for knowing your coverage. If you plan to use your insurance, authorization from the insurance company may be required before they cover therapy fees - you are responsible for this.

#### **IV. PROFESSIONAL RECORDS**

We are required to keep appropriate records of the therapy services we provide. Your records are maintained in a secure location per professional standards. We keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records we receive from other providers, copies of records we send to others, and your billing records. Except in unusual circumstances that involve danger to yourself, you have the right to a copy of your file. Because these are professional records, they may be misinterpreted and / or upsetting to untrained readers. For this reason, we recommend that you initially review them with us, or have them forwarded to another mental health professional to discuss the contents. If we refuse your request for access to your records, you have a right to have our decision reviewed by another mental health professional, which we will discuss with you upon your request. You also have the right to request that a copy of your file be made available to any other health care provider at your written request.

#### **V. CONFIDENTIALITY**

All sessions and their content, as well as your records, will be kept strictly confidential. To the extent possible, you will be informed before confidential information is disclosed, and in that event only the essential information required by law or to collect payment will be revealed.

There are legal limits to this confidentiality creating circumstances in which we may disclose mental health records without consent or authorization which include: 1) If we feel you are a danger to yourself, or others, 2) If we suspect a child or elderly or incapacitated person is abused or neglected, 3) Disclosure is required by the court. Information about your privacy rights is described in a separate document entitled HIPAA Notice of Privacy Practices. You have been provided with a copy of that document and we have discussed those issues. Please remember that you may reopen the conversation at any time during our work together.

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**VI. CONTACTING US**

We are often not immediately available by telephone. We do not answer our phone when in session with clients or otherwise unavailable. At these times, you may leave a message on our confidential voice mail and your call will be returned as soon as possible. If, for any number of unforeseen reasons, you do not hear from us or we are unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe, please go to your local hospital emergency room or call 911 and ask to speak to the mental health worker on call.

**VI. EMERGENCY POLICY**

If, for any number of unforeseen reasons, you do not hear from us or we are unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe, please go to your local hospital emergency room or call 911 and ask to speak to the mental health worker on call.

**VIII. OTHER RIGHTS**

If you are unhappy with what is happening in therapy, we hope you will talk with us so that we can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that we refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe, and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about our specific training and experience. You have the right to expect that we will not have social or sexual relationships with clients or with former clients.

*Your signature below indicates that you have read and understand this Agreement and agree to their terms.*

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Signature of Patient or Personal Representative      Date

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Printed Name of Patient or Personal Representative      Date