



Informed Consent for Services

SERVICE AGREEMENT

Welcome to Grey Muzzle Manor. 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. Grey Muzzle Manor have/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.

Grey Muzzle Manor offers a treatment modality called **Animal Assisted Psychotherapy** which is an experiential form of psychotherapy where animals 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, gain insight and experience practical applications of what you are learning in the moment. The process is about “doing” along with the “talking.”

Why animals? This unique form of therapy can be beneficial for a variety of issues. The interactions between you and the animal is the essence that enables you to begin to develop awareness and coping mechanisms, help you begin to take control of your lives. We believe people have the internal power and strength to attain a positive lifestyle. Our animals enable you to not only find this strength, but also to harness it and move forward.

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, they have an extraordinary ability to read our nonverbal communication – picking up on messages we are sending which we are not always conscious we are doing. With this, they start responding to us in familiar ways reminding us of other people and things in our life. It is through this they become metaphors (symbols) providing us the opportunity to work on ourselves in relation to those aspects of our lives.

Horses do not know our past, education, gender, race or other labels we may apply to ourselves and each other. They are in the moment and can be a part of this relationship without the biases we humans put on each other. This provides even more value in the insight they can provide us about ourselves.

There are some risks in being around horses due to their size and nature of being an animal. This 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 you understand the risks and benefits and ask any questions you may have about that in making your decision to be involved in these services.

The first 2 sessions will involve assessing your needs and working with you to create a **treatment plan** to outline your therapy goals and objectives and 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 60 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 the 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 [will be discussed]. You are responsible for paying at the time of your session (start of session) unless prior arrangements have been made. [Payment may be made by check or cash; we are not able to process credit card charges as payment.] Any checks returned to our office are subject to an additional fee of up to \$25.00 to cover the bank fee that we 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 such as report writing, telephone conversations that last longer than 15 minutes, attendance at meetings or consultations which you have requested, or the time required to perform any other service which you may request of us. 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.

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. 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.

VI. CONTACTING US

We are often not immediately available by telephone or computer. We do not answer our phone or check messages when in session with clients or otherwise unavailable. At these times, you may leave a message 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.

VII. EMERGENCY POLICY

In the event of an emergency please consider the following

[IN THE EVENT OF AN EMERGENCY CALL 911 OR GO TO YOUR LOCAL E.R.]

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.

Signature of Patient or Personal Representative

Printed Name of Patient or Personal Representative

Date _____

Description of Personal Representative's Authority: _____