

# Stable Places

## Informed Consent for Therapy Services

### SERVICE AGREEMENT

Welcome to Stable Places. This document contains important information about our professional services and business policies. It also contains summary information about the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and patient rights about the use and disclosure of your Protected Health Information (PHI) for the purposes of treatment, payment, and health care operations. Although these documents are long and sometimes complex, 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. We have 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, such as 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. But, there are no guarantees about what will happen. Psychotherapy requires a very active effort on your part.

Stable Places 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, but 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 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.

Stable Places follows the **EAGALA Model of Equine Assisted Psychotherapy**. This means:

1. Sessions are conducted Diane Chisman, MSN, BSN, RN, a Licensed Mental Health Professional (MH) and a qualified Equine Specialist (ES). This professional is EAGALA Certified which means completion of specialized training in this model, requirements of ongoing continuing education and adherence to high standards of professionalism and practice. The qualifications of this professional allow for oversight of the psychotherapy process and help with making the parallels of the horse observations to your therapy goals and life and overseeing physical safety needs. Please see our brochure to read more about our biography.
2. All sessions are on the ground – there is no riding of horses involved in the treatment process. 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 provided the opportunity to discover them. We are here to provide the space and guidance through exploring 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 fit best for you – we are here along with the horses to help you find them.
4. EAGALA is an international, nonprofit professional association for Equine Assisted Psychotherapy and has standards and a code of ethics which we follow and have accountability to as EAGALA Certified professionals. You may review a copy of the Code of Ethics as well as go to [www.eagala.org](http://www.eagala.org) for more information.

You can read more about why horses and EAGALA Model Equine Assisted Psychotherapy at [www.eagala.org](http://www.eagala.org) and feel free to ask questions at any time.

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 communicate 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 45-50 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 reschedule a session, we ask that you provide us with 48 hours notice. If you miss a session, our policy is to retain 100% 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 fees for sessions are on our website. You are responsible for paying at the time of booking your session unless prior arrangements have been made. Payment must be made on the website unless prior arrangements have been made. 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.

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.

In order 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 will cover therapy fees – you are responsible for this. We do not bill insurance companies directly, nor do we participate as in-network providers. We will supply you with a receipt of payment for psychotherapy services that you can submit to your insurance for reimbursement. Please note that they may not reimburse all the fees per your

coverage agreements and not all insurance companies reimburse for out-of-network providers so make sure you check with your insurance company.

#### **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 where we may disclose mental health records without consent or authorization which include: 1) If we feel you are in 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 are described in a separate document entitled 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. 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 unseen 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. 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.

### **VIII. CONSENT TO THERAPY SERVICES**

#### HIPAA Notice of Receipt of Privacy Practices

Please initial each of the following:

- I acknowledge that I have been informed about the Notice of Privacy Practices for Stable Places.
- I understand that the Notice of Privacy Practices discusses how my Protected Health Information (PHI) may be used and/or disclosed, my rights with respect to Protected Health Information, and how and where I may file a privacy related complaint.
- I have received a copy of this Notice from Stable Places and I may request additional copies of this Notice by request.

Your signature below indicates that you have read and understand this Agreement (Stable Places Informed Consent) and the Notice of Privacy Practices 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: \_\_\_\_\_

Stable Places  
14790 West Mayland Villa Rd  
Lincolnshire IL, 60069  
(224) 377-0108  
contactstableplaces@gmail.com

Stable Places  
Liability Release

Any individual that has contact with horses or this training facility must sign this release.

The undersigned, individually, and/or as parent or guardian hereby agrees:

1. To release Stable Places and the owners of the property or grounds, the management, their officers, directors, trainers, employees, members or agents from any loss, damage, liability or injury arising out of, or resulting from any and all claim or claims which may hereafter develop, occur and/or accrue to the undersigned on account of, or by reason of, any injury, loss or damage which may be suffered by the undersigned or to any property, because of any matter, thing or condition, negligence or default whatsoever.
2. To indemnify, hold harmless and defend Stable Places and the owners of the property or grounds, the management, their officers, directors, employees, members or agents from and against any and all claims for loss, damage, liability or injury, however caused, resulting directly or indirectly from the undersigned entry or participation in any activity or from any act and/or omissions of the undersigned or the undersigned's agents.
3. Acknowledges that under the Illinois Equine Activity Liability Act, (745 ILCS 47/1 et seq.) each participant who engages in an Equine Activity expressly assumes the risks of engaging in and legal responsibility for injury, loss or damage to person or property resulting from the risk of Equine activity. I understand that this is a high-risk sport and I am participating at my own risk. I hereby release and hold harmless: Stable Places, its owners and employees, attendants, spectators, and all others involved from all liability for accidents, damage, injury or illness sustained or caused as a result of my participation in equine activities at this facility.

The undersigned hereby assumes and accepts the full risk and danger of any hurt, injury or damage which may occur through or by reason of any matter, thing or condition, negligence or default of any person or persons whatsoever. In the event of injury to the undersigned or to undersigned's animal, permission is hereby granted for emergency medical treatment.

Name (Print)\_\_\_\_\_

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

Legal Guardian Signature (if client is under 18) \_\_\_\_\_

In case of emergency contact\_\_\_\_\_

Phone number\_\_\_\_\_