



Client Rights and Responsibilities

- a. You are entitled to receive information from me about my methods of therapy, the techniques I use, the duration of your therapy, and my fee. Please ask if you would like to receive this information.
- b. You can seek a second opinion from another therapist or terminate therapy at any time.
- c. Information provided by and to a client in a professional relationship with a mental health therapist is confidential, and the therapist cannot disclose the information without the client's consent. There are several exceptions to confidentiality, which include: (1) I am required to report any suspected incident of child abuse or neglect to law enforcement; (2) I am required to report any threat of imminent physical harm by a client to law enforcement and to the person (s) threatened; (3) I am required to initiate a mental health evaluation of a client who is imminently dangerous to self or to others, or who is gravely disabled, as a result of a mental disorder; (4) I am required to report any suspected threat to national security to federal officials; (5) I am required to report abuse of a senior, who is 70 years of age or older, which I believe has probably occurred, including institutional neglect, physical injury, financial exploitation, or unreasonable restraint; and (6) I may be required by Court Order to disclose treatment information. (7) I am required by law to report any threats against locations such as churches, schools, theatres, workplaces, etc. to law enforcement in which case confidentiality may be breached.
- d. I agree not to record our sessions without your written consent; and you agree not to record a session or a conversation with me without my written consent.
- e. There may be times when I need to consult with a colleague or another professional about issues raised by clients in therapy. Client confidentiality is still protected during consultation by me and the professional consulted. Signing this disclosure statement gives me permission to consult as needed to provide professional services to you as a client.
- f. In marriage and family counseling, the therapist holds to a "no secrets" policy. All members of the couple or family system are treated equally, and "secrets" are not kept by the therapist. There is no differential or discriminatory treatment of family members.
- g. Any staff member and/or therapist acting on behalf of Horses and Healing, LLC. will be authorized to communicate with you by telephone, text message, email and mail. Despite efforts to keep the contents of the telephonic or text communication confidential, due to the nature of certain types of telephones, such as cell phones or mobile phones operating on radio transmissions, the possibility exists that other parties may overhear the contents of the transmission.
- h. I understand that emergencies do occur, however 24-hour notice is expected for all cancellations. A fee will be assessed for no-call/ no shows.

Children and Adolescents

A child thirteen or younger seen in this office must have the signature of a parent. In the case of divorce, the authorization must be signed by both parents or the court document presented giving sole custody must be provided. When a client is 14 years of age or older, that client is the privilege holder for himself or herself

Disclosure Regarding Divorce and Custody Litigation

If you are involved in divorce or custody litigation, my role as a therapist is not to make recommendations to the court concerning custody or parenting issues. By signing this Disclosure Statement, you agree not to subpoena me to court for testimony or for disclosure of treatment information in such litigation; and you agree not to request that I write any reports to the court or to your attorney, making recommendations concerning custody. The court can appoint professionals, who have no prior relationship with family members, to conduct an investigation or evaluation and to make recommendations to the court concerning parental responsibilities or parenting time in the best interests of the family's children.

Services

I provide non-emergency therapy services by scheduled appointment. If I believe your mental health concerns are above my level of competence, or outside of my scope of practice, I am legally required to refer, terminate or consult. If, for any reason, you are unable to contact me by telephone (717) 454-3910, and you are having a true emergency, please call 911 or go to the nearest hospital emergency room.

Insurance and Payment

I am currently accepting limited insurances. If Horses and Healing, LLC is considered an out of network provider you will be responsible for the paperwork related to reimbursement from your insurance. It is your responsibility to be aware of co-pays and deductibles.

My fee is \$125.00 per 50-minute session.

If you have any questions or would like additional information, please feel free to ask during the initial session or anytime during the therapy process.

INFORMED CONSENT FOR TREATMENT

I have read the preceding information, and it has been presented to me verbally.

I understand the disclosures that have been made to me. I also acknowledge that I have received a copy of this Disclosure Statement.

Client or Responsible Party	Date	Client or Responsible Party	Date
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Horses & Healing, LLC

Horses and Healing, LLC provides mental health therapy, educational and consultation services. I am requesting that you read and sign this statement to acknowledge your understanding of my policy. Your signature does not bind you to therapy. It does make you responsible for charges incurred.

Auxiliary Services: Occasionally requests are made for mental health evaluations and other reports. A fee will be charged for these reports.

In home services are provided at a higher rate to compensate for travel

Telephone Calls and E-mail: There is no charge for telephone calls and e-mail unless you and the therapist have prearranged a formal session.

Cancellations: The time of your scheduled appointment is reserved for you. It is my policy to charge \$50 when the appointment is canceled within three hours of the appointed time. It is my policy to charge for the entire session for a no show.

Length of Session: A session is generally **50** minutes. Children sometimes will only have a 30-minute session. There is no extra charge for other individuals such as a spouse, child, relatives or friends who may need to attend at your request.

Fees are payable to Horses and Healing, LLC. Cash, Checks and credit card are acceptable forms of payment

I understand that payment is due at the time of the session or at the time otherwise arranged. My signature also represents my understanding of the above fees.

Signature

Date