



### Disclosure and Consent Statement

The following is to inform you of the policies and therapeutic practices of *Victory Reins*. Please read this information carefully. If you have any questions please feel free to discuss this with your counselor.

#### Counselor Information

A primary commitment of this program is to provide you with quality counseling and teaching services. However, no counselor can guarantee that counseling services will be effective for you. This statement is intended to convey pertinent information regarding our services, allowing you to make choices based on correct information. The counselor performing Equine Assisted Learning through *Victory Reins* holds a certification through *Think LifeChange Institute of Biblical Counseling* and takes a biblical approach to counseling. We endeavor to maintain a high level of competence and we adhere to professional, legal, and moral standards. Equine-Assisted Learning is a team approach to counseling with a counselor, horse professional, and a horse. If you have any further questions regarding your counselor's training or professional approach, please feel free to ask your counselor.

#### Appointment and Fee Policy

1. The normal fee for our services is \$125 per individual session. Fees must be paid out of pocket. We are not set up to bill insurance. It is your responsibility to see that the fee is covered. Payment is due at the time services are booked.
2. Out of courtesy of the counselor, I will give at least 24 hours prior notice before canceling an appointment. In the event that the client does not show up for appointment without prior notification, the counselor can terminate the client from the program. There will be no refund for a no show appointment.

#### Confidentiality Information

1. Content obtained in the counseling sessions will be handled professionally and confidentially. This information will be used by your counselor, the horse professional, and the supervisor for your therapeutic benefit. If for treatment purposes, we need information from another party, we will ask you to sign a Release of Information Form.
2. Confidentiality is forfeited for any of the following:
  - If you pose serious physical danger to yourself or another person.
  - If you disclose that you or another person has physically or sexually abused or molested a child or an incompetent or disabled person.
  - If you disclose that a child, an incompetent or disabled person is suffering from neglect.
  - Defense of claim brought by client against the counselor and/or horse professional of *Victory Reins*.
  - Reporting to relevant agencies such as court as may be ordered by the court system or for third party payment.
  - If you disclose that you committed a crime

If any of the above apply, immediate action must be taken. I have read and understand the confidentiality agreement \_\_\_\_\_ (initial).

#### Consent to Treatment

After thoroughly reading, understanding and receiving a copy of the above information, I give my consent to treatment to *Victory Reins*. I have read and understand the policies and information stated above.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature/  
Guardian if client under 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date