

# **ARABIAN RESCUE THERAPY PROFESSIONAL DISCLOSURE AND INFORMED CONSENT FOR TREATMENT**

Arabian Rescue Therapy is committed to providing quality services to our clients and to give you the information necessary to be informed about the therapeutic process. If you have questions regarding anything on this form, please discuss them with your therapist before signing.

## **THE COUNSELING PROCESS**

Counseling at ART will be conducted by qualified licensed professional counselors who are contracted by the organization and will be rendered in a professional manner consistent with accepted legal and ethical standards. Counseling is a very personal process and requires active effort on your part. You and/or your child's counseling goals and an individual treatment plan will be determined together with your therapist.

Your therapist uses the following treatment approaches depending on your need and preferences:

- Equine and Animal Assisted Counseling
- Trauma
- Cognitive Behavioral Therapy
- Addictions Model
- Play Therapy
- Art Therapy
- Various modalities used in psychological counseling

## **THE COUNSELING RELATIONSHIP**

The relationship that exists between a therapist and a client is professional rather than social. Therefore, contact with your therapist will only take place in the context of the provision of a professional service. If your therapist sees you in public, she/he will protect your confidentiality by acknowledging you only if you approach your therapist first. Your therapist is a consultant and resource professional. His/her suggestions may be freely accepted or rejected by you and therefore the decisions made during and after therapy are the responsibility of the client.

In the case of child therapy, the parent(s)/caregiver(s) of the child play an instrumental role in healing for the child. We encourage you to discuss with

your child's therapist any approach, technique or practice with which you have questions, concerns, or need clarification. Your child's therapist will meet with you regularly to discuss your child's progress, offer suggestions for parenting or address concerns.

ART does not provide 24 hour crisis counseling. Should you experience an emergency situation necessitating immediate mental health attention, you should call 911 or go to an emergency room for assistance.

### **EFFECTS OF COUNSELING**

At any time, you may initiate a discussion of possible positive or negative effects of entering, not entering, continuing, or discontinuing counseling. While benefits are expected from counseling, specific results are not guaranteed. It is extremely important and helpful for you to inform your therapist, as soon as possible, of new problems or information that may have a positive or negative impact on your family and/or your child. As a client, you are in complete control and may end you or your child's counseling at any time. We do ask that you agree to participate in a termination session for you and or your child.

\_\_\_\_\_ I understand the counseling process, relationship, and the possible effects.

### **FEES**

Fees are to be paid at the beginning of each session. Scholarships and sliding scale may be available for those who qualify. Check with your therapist.

- *Individual Therapy*  
: \$125 per 45 minute session (child); 50 minute session (adult)
- *Group Therapy*  
: \$80 per 90 minute session
- *Phone Calls over 10 minutes*  
\$20 per 10 minute increment
- *Letters, legal depositions, etc*  
.: \$20 per 10 minute increment
- *Court testimony*  
: \$1500 retainer;; billing will be \$130 per 60 minutes including preparation, travel, wait time at court, and witness time.
- *Returned check fee*  
: \$25 fee (cash or credit card required for future payments)

## **CANCELLATIONS**

Counseling services are by appointment only. Counseling works best when you attend consistently. You are responsible for keeping your appointments and arriving on time. Counseling sessions will be conducted rain or shine except in extreme weather, in which case you will be notified and another session time scheduled. If you need to cancel your appointment, please notify your/your child's therapist within 24 hours of the appointment time, with the exception of an emergency.

*If you do not cancel your appointment 24 hours ahead of time the full fee will be due. If you are more than 20 minutes late, you have forfeited your appointment and full fee is due*

A client who misses two consecutive sessions or who does not reschedule within 14 days following their last therapy session will be considered to have given notice of termination of therapy.

\_\_\_\_\_ I understand the fees, attendance policy and am committing to attend consistently.

## **PROFESSIONAL RECORDS**

Records are the property of RHR or contracted therapist and maintained by each contracted therapist. Except in unusual circumstances, you have the right to a copy of your/your child's record. Because these are professional records, it is recommended that you initially review them with your therapist, or have them forwarded to another mental health professional to discuss the contents. If your request for access to your records is denied by your therapist, you have a right to have that decision reviewed by another mental health professional.

Records are retained for 5 years after termination of counseling for adults and 5 years after a child's 18<sup>th</sup> birthday. Upon death, incapacity, or termination of the therapist's practice, counseling records will be transferred to another contracted therapist with ART.

## CONFIDENTIALITY

Confidentiality is described as keeping private the information shared between a client and his/her therapist. Therapy sessions at Ranch Hand Rescue are strictly confidential however there are some circumstances when disclosure can occur without your prior consent. The following are possible situations that may limit confidentiality:

- a) For purposes of supervision or consultation
- b) Concerns that a client is a danger to himself/herself or someone else
- c) The disclosure or suspicion of abuse, neglect, or exploitation of a child, elderly, or disabled person
- d) The disclosure or suspicion of sexual misconduct or unethical behavior of another mental health professional
- e) Ordered by the court to disclose information
- f) Written consent to the release of information by the client/their parent/guardian
- g) Otherwise required by law to disclose information.

Minor clients should understand their parents have the right to access their records and to be informed of their progress in counseling. Any behavior in minors considered detrimental to the safety of the minor or others will be shared with their parent(s) and/or guardian.

If participating in a group, confidentiality for all group members is required but it cannot be guaranteed.

Counseling may be provided in an outside environment on a working ranch/farm so confidentiality may not be guaranteed. All employees of ART have signed confidentiality agreements. Illegal drugs and weapons of any kind are not allowed at ART. If it is believed a client is in possession of either, the local police may be called.

\_\_\_\_\_ I understand the limits of confidentiality and understand that those limits also apply in the case of a minor.

## COMPLAINT PROCEDURES

If at any time for any reason you are dissatisfied with your therapy services, please discuss your concerns with your therapist. An individual who wishes to file a complaint against any of the above professionals may write to:

*Complaints Management and Investigative Section  
P.O. Box 141369  
Austin, Texas  
78714*

Please initial indicating your understanding and agreement to the following:

\_\_\_\_\_ I have read and understand the informed consent document and agree to voluntarily enter myself and/or my child into counseling services at ART.

\_\_\_\_\_ I have managing conservatorship or legal guardianship over my minor child. If child is named in a court document, I have produced the legal documentation. I agree to promptly notify the therapist should my legal status as a parent or guardian over the above minor child change.  
Court Document not applicable

\_\_\_\_\_ I have been provided with a copy of the Notice of Privacy Practices (HIPPA).

\_\_\_\_\_  
Client or Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature/Date