

# EQUINE ASSISTED PSYCHOTHERAPY

## DISCLOSURE AND CONSENT STATEMENT

The following is to inform you of the policies and therapeutic practices of Maria Savala–Mahany and Associates. Please read this information carefully. If you have any questions, please feel free to discuss this with your therapist.

## CLINICAL AND THERAPIST INFORMATION

A primary commitment of Maria Savala–Mahany and Associates is to provide you with quality counseling services. However, no counselor can guarantee that counseling services will be effective for you. This statement is intended to convey pertinent information regarding services, allowing you to make choices based on correct information. Your therapist has a Masters level degree and works in partnership with a certified EAGALA horse professional. She is licensed by the state as a Marriage and Family Therapist. She endeavors to maintain a high level of competence and adheres to professional, legal, and moral standards. Equine–Assisted Psychotherapy is a team approach to counseling with a therapist, horse professional, and a horse. We seek to integrate the emotional, spiritual, physical, relational, and mental elements in the counseling process. A variety of techniques and approaches are used. If you have any further questions regarding your therapist's training or professional approach, please feel free to ask your therapist.

## APPOINTMENT AND FEE POLICY

1. If you are unable to keep your appointment, please give us a 24 hour notice so that we may utilize the time to assist someone else. **I have read and understand the appointment policy.** \_\_\_\_\_  
(initials)

## CONFIDENTIALITY INFORMATION

1. Content obtained in the counseling sessions will be handled professionally and confidentially. This information will be used by your therapist, 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. To further maximize the benefit of therapy activities and to assess these benefits, you may be asked to complete a pre–test before starting therapy and post–test after completion of therapy. The data collected will be used to improve therapy services for others in the future and to provide data needed in grant applications. No personal information will be disclosed in these findings.

## EQUINE ASSISTED PSYCHOTHERAPY

### REGISTRATION

Client: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Emergency: \_\_\_\_\_

Parent or Legal Guardian Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Emergency: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Court Involvement: \_\_\_\_\_ Probation Officer: \_\_\_\_\_

Other Agencies Involved: \_\_\_\_\_

### CONSENT AND WAIVER OF LIABILITY

I, \_\_\_\_\_, hereby request that the client named above be accepted into the equine-assisted psychotherapy program offered by Maria Savala-Mahany and Associates. I acknowledge that Maria Savala-Mahany and Associates has fully explained to me the scope of the equine assisted psychotherapy (EAP) program, including the potential for injury which can occur from caring for horses, or being involved in therapeutic activities that include horses. Because of the potential benefits of the EAP program, I hereby waive any claim which I or the current client may have against Maria Savala-Mahany, Associates or the County of San Bernardino arising out of any injury which the client may sustain while involved in the EAP program, unless caused by the willful misconduct or gross negligence of Maria Savala-Mahany in which case the County of San Bernardino will be held harmless.

The undersigned assumes the unavoidable risks inherent to all horse-related activities, including but not limited to bodily injury and physical harm to horse, rider and spectator. In consideration, therefore, for the privilege of working and/or participating in activities around horses with Maria Savala-Mahany and Associates.

\_\_\_\_\_, the undersigned, does hereby agree to hold harmless and indemnify Maria Savala-Mahany and Associates and the County of San Bernardino, and further release them from any liability or responsibility for accident, damage, injury or illness to the undersigned or to any horse owned by the undersigned or to any family member or spectator accompanying the undersigned on the premises.

### I have read this release.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Therapist

\_\_\_\_\_  
Date