



## **Consent for Treatment – Equine-Assisted Psychotherapy**

### **Purpose of Treatment**

I understand that I (or my child) am participating in Equine-Assisted Psychotherapy (EAP) at Simple Changes, conducted by a licensed mental health professional in collaboration with a qualified equine specialist. EAP involves structured therapeutic activities incorporating horses to support emotional, psychological, and behavioral wellness.

### **Nature of Equine-Assisted Psychotherapy**

I acknowledge that:

- EAP sessions may involve non-riding interactions with horses such as grooming, leading, or observation.
- Horseback riding is not a component of psychotherapy sessions unless specifically indicated.
- Horses are integrated into the therapeutic process to support personalized treatment goals.

### **Risks and Safety**

I understand that:

- Participation in activities involving horses carries inherent risks, including the potential for injury, despite safety protocols.
- Horses are large animals that may react unpredictably to stimuli or environmental changes.
- All sessions will be facilitated and supervised by trained professionals who prioritize safety.
- I agree to comply with all safety instructions and guidelines provided by the staff.

### **Confidentiality**

All personal information shared during sessions is protected under state and federal confidentiality laws. Exceptions may include:

- Suspected abuse or neglect
- Threats of harm to self or others
- Legal requirements such as court orders

### **Voluntary Participation and Right to Withdraw**

Participation in EAP is entirely voluntary. I may withdraw from services at any time without penalty. I retain the right to discuss any concerns with the therapist or treatment team.

### **Acknowledgment and Consent**

By signing below, I affirm the following:

- I have read and understand the contents of this consent form.
- I have had the opportunity to ask questions and receive satisfactory answers.
- I give my consent for myself (or my child) to participate in Equine-Assisted Psychotherapy at Simple Changes.

**Client or Guardian Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_