



INFORMED CONSENT

I voluntarily consent for myself, my child, or the person for whom I am a guardian to receive occupational therapy treatment and services that are deemed necessary by my occupational therapist and/or referring provider, including the use of equine in treatment. I understand that it is the clinic's sincere intent to educate me on every process, from billing to treatment and eventually discharge from services. I have been provided with adequate intelligible information about the proposed therapy including but not limited to the following:

- A description of the intervention/treatment to be provided
- A clear explanation of the risks which may be associated with the therapy, and the use of equine
- Expected benefits from the therapy
- Anticipated time frames
- Anticipated costs

I have read this consent and fully understand and accept the terms and conditions. This consent shall be ongoing for a period not to exceed one year

Signature of Client/Parent or Guardian if under 18

Date

ASSIGNMENT AND RELEASE

I understand that I am financially responsible for all costs associated with therapy at HEALING STEPS-EQUINE CENTERED THERAPY LLC. I understand the HEALING STEPS-EQUINE CENTERED THERAPY does not contact with insurance companies, therefore I will be responsible for the full amount. I understand that a super-bill will be provided upon request so that I may request reimbursement from my insurance company, should I choose. I understand that the entire fee is due at the time of service. I understand that if I am experiencing a financial hardship I am advised to contact the billing department to make special payment arrangements.

I understand and agree with HEALING STEPS- EQUINE CENTERED THERAPY no-show/cancellation/rescheduling policy: I may be discharged from therapy in the event of two cancellations with less than 24 hour notice and/or two no-shows during a 3 month period. I understand and agree with HEALING STEPS- EQUINE CENTERED THERAPY non-sufficient funds policy: I will be charged a \$25.00 fee for checks returned for non-sufficient funds. I authorize the Referring Provider and/or HEALING STEPS-EQUINE CENTERED THERAPY to release any information necessary in order to process this claim. All of the information provided is correct and true to the best of my knowledge.