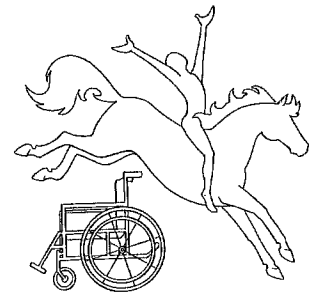


# Ride On



## Therapeutic Horsemanship

Serving the San Fernando and Conejo Valleys

### Equine Facilitated Psychotherapy

### Consent for Treatment, Exchange of Information and Confidentiality

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

Consent for Treatment: I hereby give consent to treat me in Ride On's Equine Facilitated Psychotherapy program.

Consent for Exchange of Treatment Information: I hereby authorize and request that Ride On and my primary therapist exchange relevant information regarding my treatment.

Confidentiality: Your sessions with the therapist are strictly confidential and may not be disclosed outside of the agency without your written permission. There are several exceptions to this rule we want to be sure you understand.

1. Should you disclose to the therapist any suspected child abuse, current or past, of a minor child, your therapist is required by law (section 11161.5 of the California Penal Code) to report this to the Department of Children and Family Services. If a person suspected of past child abuses currently in a position of responsibility for minor children, the therapist would also need to report this to the authorities even though the abused person may no longer be a minor.
2. If your therapist believes that you actually intend to do physical harm to someone else, they must notify the police and the intended victim.
3. If your therapist believes that you truly intend to harm yourself, they will first make every effort to enlist your cooperation in insuring your safety. If unable to do this, by law they may need to take further measures to insure your safety without your permission.
4. Should you disclose to your therapist any suspected dependent adult/elder abuse, your therapist is required by law to report it to adult Protective Services.

Cancellation: Please be aware that in an effort to schedule our sessions in an efficient manner, we require 24 hour notice of cancellation, otherwise there is a full session charge.

If you have any questions or concerns, please discuss them with your therapist.

*Your signature on this for represents your understanding of and agreement to the above matters.*

Signed \_\_\_\_\_

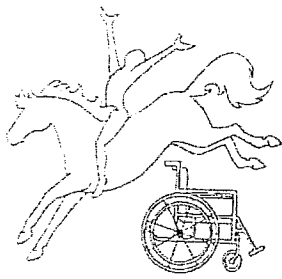
Date \_\_\_\_\_

401 Ronel Court, Thousand Oaks, CA 91320

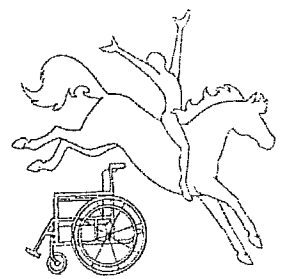
10860 Topanga Canyon Blvd., Chatsworth CA 91311

(805) 375-9078 Fax (805) 375-8640 [www.RideOn.org](http://www.RideOn.org)

A 501 (c) (3) non-profit corporation. Tax ID: 95-4465783



# Ride On



## Therapeutic Horsemanship

10860 Topanga Canyon Blvd., Chatsworth, CA 91311 Tel No (818) 700 2971 Fax No (818) 700 7803

Last Name		First		MI		Today's Date	
						Mo Day Year	
Residence Address				City		State Zip Code	
Home Phone ( )		Age		Date of Birth Mo Day Year		Sex M F Occupation	
Employer		Work Address		City		State Zip Code	
Work Phone			Social Security Number			Referred by	
Did your physician refer you Y N						Phone ( )	
Your Physician's Name							
Your Parents (Mother) Living Y N Name		Age		Your Parents (Father) Living Y N Name		Age	
Occupation Death		If Deceased Year of		Occupation		If Deceased Year of Death	
Your Family (Sisters) Name		Age		Your Family (Brothers) Name		Age	
Check One <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried							
Spouses Name			Age		Occupation		
Spouse's Employer			Work Address			Work Phone ( )	
Spouse's Parents (Mother) Living Y N Name		Age		Spouse's Parents (Father) Living Y N Name		Age	
Occupation Deceased Year of Death		If		Occupation		If Deceased Year of Death	
Your Family (Sisters) Name		Age		Your Family (Brothers) Name		Age	
Your Children		Age		His Hers Ours Adopted		Where residing	

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 Accredited and Insured through North American Riding for the Handicapped Association  
 Serving San Fernando and Conejo Valleys

Other People Living with You		Relationship	
Have you ever been in counseling before? Y N		If yes with whom, where and dates	
Are you in school now? Y N		Highest grade completed/Degree	
In Case of Emergency Contact	Relationship	Day Phone ( )	Night Phone ( )
Do you have Medical Insurance? Y N If yes please complete the following			
Name of Insurance Company		Address	
Insurance I.D. Number	Name of Insured	Insurance Co Phone: ( )	
Patient's Relationship to insured      Self      Spouse      Child      Other			
List Special Medical Conditions and/or medications you are currently taking			
Have you or anyone in your family ever had (have) a problem with      Alcohol      Drugs      Gambling			
Have you ever been arrested? Y N      Have you ever spent time in jail or other correctional facility? Y N			
What are your current concerns/problems?			
<i>I understand my therapist and I will establish my weekly fee during the first consultation. I understand that Ride with Pride requires 24 hours advance notice of cancellation. Unless it is an emergency beyond my control, I will provide 24 hours notice, or I will pay the full fee.</i>			
Signature		Date	