



Dear Clients & Families,

Welcome to the farm! The model of personal development that *Willow Equine* and *Soul to Sole Connection* utilizes is called *Eagala*, which is an international non-profit with a set of standards for professional excellence for equine assisted personal development. We work together to improve the quality of life and mental health of individuals, families and groups. *The Eagala Model* is a distinctive experiential framework designed to allow clients the latitude to discover, learn and grow from the horse-human relationship. Our four standards are:

1. Activities are ALL Ground Based ... No Riding and No Horse Experience Needed
2. Always a Team Approach ... Horses, a Licensed Mental Health Professional & an Equine Specialist
3. Solution-Oriented ... Sessions are future-focused, goal directed & seek solutions
4. We adhere to a Strict Code of Ethics

You will be exploring a personal, mental or spiritual goal through your ground-based interactions with horses. This is your time with the horses to heal, grow and reflect. Different interpretations will arise; you may discuss your personal experience or journal about what you saw, felt or questioned. There is no right/wrong and certainly no judgment while with the horses; we ask that you be open. During the sessions, we may step back and/or move around the fields to observe the horses, such as their shifts, patterns and unique behaviors. These observations maybe discussed with you afterwards during debrief. You are in charge of your actions as are the horses so do whatever you need to do while stretching outside your comfort zone! That is when growth can take place. Please take a few moments to read the farm policies that we have in place:

1. We maintain a very casual yet professional environment. Our hope is that clients feel comfortable in the natural setting. The services may occur in the barn, the pasture, or the woods so it is recommended that you dress accordingly. Equine assisted activities are not about horsemanship or riding so there is no specific attire required for the participants. We do insist that you wear closed-toe shoes such as sneakers, boots or casual shoes. Dress according to the weather. We host sessions all year around – rain or shine! It is your responsibility to cancel within 24 hours if the weather is an issue.
2. If you have no horse experience, you are perfect for equine assisted services! It is not about horsemanship or riding!
3. Office hours are by appointment only. For your safety and for the privacy of other clients, you may NOT visit during times other than your scheduled appointment.
4. We ask that you maintain your scheduled appointment time. A cancellation fee of \$135.00 will be charged for no shows or less than 24-hour notice.
5. You are NOT allowed in the barn, pasture or arena without one of our team members.
6. We ask that parents/guardians stay inside their vehicles during sessions unless invited into the session. Please do NOT watch the sessions.

# Medical Information & Medical Consent

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone No: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Please indicate below any conditions of which we need to be aware or of concern and provide a summary:

Medical/Mental Health Diagnosis: \_\_\_\_\_

\_\_\_\_\_

Medications/Dosage: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

By signing below, I certify all information to be complete and true to the best of my knowledge.

## Emergency Medical Consent/Non-Consent

I, \_\_\_\_\_, hereby \_\_\_ do/\_\_\_ do not grant authorization to representatives of Willow Equine Therapy and medical personnel (EMT's, Emergency Room physicians, etc.) to provide lifesaving medical care to me should the need arise while participating in equine-assisted activities and/or psychotherapy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Under North Carolina law, an equine activity sponsor, or equine professional, is not liable for an injury to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities.***

**Chapter 99E of the North Carolina General Statutes**



## **Release of Liability**

In consideration of the services of Willow Equine and Soul to Soles Connection (Katherine Stankiewicz, Mary P. Kinken, D.Min, Maria Russell, LCMHCS, Julia Rose, LCMHC-A, Jennifer Roach, LCMHC, Ashton Burdick, LCMHC, Hunter Adams, LMFT-A, Laura Finney, LCMHC-A, and/or Lora Newman, LPC, David Daugherty) at Heritage Hills Farm, LLC (owned by Jimmy & Palmie Freeze and Equine Owners/Boarders) (hereinafter collectively referred to as "WE at HHF"), I hereby agree to release, indemnify, and discharge WE at HHF, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

I acknowledge that WE at HHF only offers the Eagal model psychotherapy and psycho-educational sessions. I also acknowledge that horseback riding, caring for horses, and all therapeutic and learning / self-discovery activities involving horses entail known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to me, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: loss of control, collisions, horses, irrespective of their previous behavior and characteristics, may act or react unpredictably based upon instinct, fright, or lack of proper control by handler, latent or apparent defects or conditions in equipment, animals or property, acts of other participants in this activity, adverse weather conditions, contact with plants, insects, or animals; my own physical conditions or my own acts or omissions the conditions of remote roads, trails, waterways, or terrain, and accidents connected with their use, first-aid, emergency treatment or other services rendered, consumption of food and drink.

Furthermore, WE at HHF seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather, the elements, or the terrain. They may give inadequate warnings or instructions, and the equipment being used might malfunction.

I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless WE at HHF from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of WE at HHF equipment or contracted facilities, including any such claims which allege negligent acts or omissions of WE at HHF.

Should WE at HHF or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I have no medical or physical conditions, which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.

In the event that I file a lawsuit against WE at HHF, I agree to do so solely in the state of North Carolina, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of laws rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and in effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against WE at HHF on the basis of any claim form which I have released them herein.

I also grant permission to the rights of my image, and likeness any other consideration. I understand that my image may be edited, copied, exhibited, published, or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Under North Carolina law, an equine activity sponsor, or equine professional, is not liable for an injury to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities.***

**Chapter 99E of the North Carolina General Statutes**

**Maria Russell, LCMHCS**

***Licensed Clinical Mental Health Counselor Supervisor***

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Professional Disclosure Statement**

**Introduction:** I believe that counseling is a unique experience which is personal and created with the foundation of trust. To help you build this trust, I want to share with you my professional beliefs, background, and most importantly, your rights. This document is part of the standards of practice of the North Carolina Board of Licensed Clinical Mental Health Counselors. Please read this statement prior to our first session.

**Qualifications and Background:** I hold a Bachelor of Arts in psychology (2003) from the University of North Carolina at Chapel Hill and a Master of Arts in Christian Counseling from Gordon-Conwell Theological Seminary (2006). I have been involved in providing clinical services since 2006, and have worked with children, adults and families in a variety of settings. I am licensed by the North Carolina Board of Licensed Clinical Mental Health Counselors, #S7071. I am an Advanced Certified Equine-Assisted Psychotherapist through the EAGALA Model, EMDR (Eye Movement Desensitization and Reprocessing) trained, and trained in Restoration Therapy.

With a Christian worldview as a foundation, I treat families, couples, and individuals (children, adolescents and adults) using a trauma focused, root causes, cognitive-behavioral, systemic model, and assist clients with a variety of emotional, behavioral, personal, and relational problems. Issues regularly addressed include, but are not limited to, depression, anxiety, grief and loss, trauma, divorce, relationship and marital struggles, and parenting. I have studied a number of theoretical orientations to therapy and in working with clients utilize the treatment approach best suited to the client's needs. I do not discriminate or refuse professional services to anyone on the basis of race, gender, sexual orientation, religion or national origin.

**Information and Privacy Practices – Informed Consent**

**What you should know about counseling:** Counseling is for everyone. To feel the need for help with life's difficulties is normal. Calling a counselor is not an admission of a "sickness" rather it is a courageous, responsible way to approach problems. When a counseling relationship is terminated it does not mean a person is "cured." It means one has learned and has become skilled to deal with life's complexities. Counseling, therefore, is a beginning point. If the person ceases to practice what they have learned, they will fall back into unhealthy patterns of living. Counseling is not a "quick fix" for a problem. Counseling is the process of helping people learn to successfully deal with their own problems or help in decision making situations. Thus, counseling is most often hard work. Counseling cannot, and should not, be a substitute for other meaningful and supportive relationships with people. Successful counseling should result in the client's ability to be close to others and to share what they have learned through counseling. When psychological testing or medical intervention is determined to be part of the treatment plan, an appropriate referral will be made to a community provider. I cannot prescribe or provide you with any medications but will recommend a physician or psychiatrist. The client is expected to follow through with the treatment plan set forth in order to continue counseling. A verbal exploration of alternatives to psychotherapy will also be made available upon request. When you commit yourself to getting the most out of your counseling experience by coming to sessions and participating actively, then you are more likely to benefit and have a successful experience.

**The Risks and Benefits of Therapy:** As with any treatment, there are some risks and benefits associated with the therapeutic process. For example, in therapy there is a risk that clients will, for a time, experience uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative

feelings. Clients may also recall unpleasant memories that may also cause an escalation of undesired behaviors, relationship disruption, and emotional reactivity. Many of these risks are to be expected when individuals are making important changes in their lives. Psychotherapy can be a difficult process. It has been said that during the process of psychotherapy, clients may get worse before they can get better. I will take this journey with you, supporting you as you move forward; however, you are the one who must do the work. Your willingness to work hard and make a commitment to the healing process are ingredients that are necessary for you to achieve and maintain long-term health and wholeness.

The benefits of outpatient psychotherapy have been shown by scientists in hundreds of well-designed research studies. People who are depressed may find their mood lifting. Others may no longer feel afraid, angry, or anxious. In therapy, individuals are given an opportunity to discuss their feelings fully and openly until a sense of relief is felt or problems are resolved. Clients' relationships and coping skills improve greatly. Their personal goals and values become clearer and may include improved functioning in your personal and professional relationships, improved communication skills, and a reduction in the symptoms, which led you to seek therapy in the first place.

**Client Rights and Responsibilities:** Some clients need only a few psychotherapy sessions to achieve their goals; others may require months or even years of psychotherapy. The length of therapy may vary depending on the issues brought forth during treatment.

Many people decide to come weekly in the beginning, and then move to bi-weekly, monthly, and even quarterly sessions. You may end our therapy relationship at any time, though I do ask that you participate in a termination session. You also have the right to refuse or discuss modification of any of my psychotherapy techniques or suggestions that you believe might be harmful. You agree to come to therapy free from the influences of drugs including alcohol.

**Email and Texting:** I provide clients with the option to communicate with them via email and text messaging. If you request, or initiate electronic communication, your therapist will consider that as your consent for them to respond in like manner. We do not recommend transmitting confidential protected health information about yourself and/or family members, but if you choose to do so, please be aware of the following risks:

- Email and text messaging are not secure and can be accessed by others. There is potential for your protected health information to remain in storage with your and my email/cell phone provider for many years. Also, we caution you against using a work email address to email your therapist as confidentiality with your employer could be compromised.
- Therapists do not maintain email communication or text messages as part of the clinical record. Your clinical record is maintained separately to protect client privilege.
- Email communication to outside people such as physicians will only occur with your written consent. You can end your consent to use electronic communication to/from your therapist at any time by asking and signing a statement

**Social Media:** Therapists are not able to become "friends" with clients via social media including, but not limited to Facebook, Twitter, and Instagram. In order to protect the therapeutic relationship, therapists are required by the ethical guidelines of the profession to avoid "dual relationship" with clients. In order that we provide you with the best care possible, we will focus on the relationship that is built in the confines of the therapeutic environment.

**Therapy Session Length and Fees:** My fees are \$150 for the initial assessment session (50-55 minutes), \$125 for individual and family sessions (50-55 minutes), and \$50 per hour group session (90 minutes), per group member. *Payment is required when services are rendered.* Cash, Check, Credit Card, and Debit Card payments are accepted for all services rendered.



**Insurance:** I do accept BlueCrossBlueShield Insurance and will submit the claims on the client's behalf. However, the client must understand that insurance plans require a diagnosis as part of filing a claim. This diagnosis can be discussed with the client during session if requested and will be kept in the client's clinical record. By initialing you are giving consent to use/disclose this personal health information for insurance and billing purposes.

**Client Initials** \_\_\_\_\_

**No Emergency Calls:** This office *does not* take emergency calls. If you have an emergency, go to your nearest hospital emergency room or call 911. For local area clients, contact Carolina's Medical Center Crisis Hotline at (704) 444-2400.

**Records Confidentiality:** Your mental health information is protected. All client records are my professional property; however, they are kept on file for your benefit and are available to you at your written request, if deemed therapeutically valuable. All information shared will be kept confidential with the following exceptions: (1) If I believe you are a danger to yourself or to someone else; (2) If you give me written permission to disclose information; (3) If you disclose abuse, neglect, or exploitation of a child, elderly, or disabled person; (4) If you disclose sexual contact with another mental health services provider; (5) If the information is court ordered; (6) In case of a medical emergency; (7) If you desire to seek reimbursement from a managed care company, the disclosure of confidential information may be required for reimbursement; (8) and these rights are waived if accusations of misconduct are brought on therapist. If I see you in public, I will protect your confidentiality by acknowledging you *only* if you approach me first.

Even under the above circumstances, only the essential information will be revealed, and I will attempt to inform you before confidentiality is broken. In the event that the client is a minor, the parents or legal guardians may be included in the counseling process as deemed appropriate, however, measures will be taken to safeguard confidentiality, to ensure the best interest of the client.

**Complaints:** If at any time, you feel my counseling approach, or my behavior is inappropriate or troubling you, please let me know. I will address your concerns in a timely manner. However, if you feel as though your concerns are not being addressed appropriately, please feel free to contact your medical insurance company or the North Carolina Board of Licensed Clinical Mental Health Counselors: PO Box 77819, Greensboro, NC 27417, 844-622-3572

**Consent for Treatment:** By signing below, you are indicating that you have read this disclosure, and that you have understood all the information provided to you. You have been informed that therapy is not guaranteed and of alternative method of treatment options available to you. Your signature also indicates that you are giving your consent to receive counseling services. Your consent can be revoked at any time per your request.

"I am aware of the types of services offered by Maria Russell, LCMHCS. I agree that if I require services other than those currently offered by Maria Russell, LCMHCS, I am responsible for securing those services elsewhere. I am aware that Maria Russell, LCMHCS does not offer emergency services, and in the event of an emergency I am responsible for contacting the emergency services in my community. I have read and understand the above terms and I am in full agreement to comply with the standards and policies of Maria Russell, LCMHCS."

\_\_\_\_\_  
Client/Parent Signature

\_\_\_\_\_  
Date