

Deborah S. Zwick, PH.D.
Licensed Clinical Psychologist
Equine Specialist in Mental Health and Learning

Equine Assisted Psychotherapy INFORMED CONSENT TO TREAT

In order to provide you with the best possible care, the following policies have been outlined for you. Read them carefully, and feel free to make a copy for yourself. please sign below indicating your acknowledgement of the information and acceptance of the terms for treatment.

EQUINE ASSISTED PSYCHOTHERAPY

Equine Assisted Psychotherapy includes a combination of experiences and activities with horses as well as talking about what those experiences mean to you. Horses are sentient beings, and are interested in relationships, provide feedback, and present opportunities to learn about yourself. Sometimes these activities are restricted to “on the ground” and sometimes includes riding (or driving or vaulting).

This therapy takes place in an outdoor setting at a barn. It is important to wear shoes that will protect your feet and appropriate clothing. As there is no formal waiting room, please remain in your car or away from the entrance to the barn in order to provide privacy to other clients.

There is additional paperwork specific to this process that you will need to include:

Medical History and Participation Release
Emergency Contact Information
Emergency Medical Preferences

CONFIDENTIALITY

Any information you provide, or records we maintain, are kept strictly confidential and comply with HIPAA regulations (see Notice of Privacy Practices, including extenuating circumstances).

Exclusions that specifically apply to the equine program:

- Any other therapeutic riding instructors, volunteers, interns or staff may need limited client information in order to provide for therapeutic effectiveness and/or safety. Any staff or volunteers are trained and supervised regarding confidentiality.
- The physical facility is not enclosed, and participants may be viewed from the road or surrounding environments.
- Other staff or volunteers from the facility and/or program may have need to come to the facility during our appointment times; although every effort is made to prevent this from happening, there is no way to guarantee absolute privacy, especially in case of emergency.

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Equine Assisted Psychotherapy Special Forms

SAFETY

Safety for patients, staff, horses and anyone else is of primary concern and Dr. Zwick is committed to operating in a manner consistent with that concern. Consequently, Cordillera Equestrian Center’s facility and Dr. Zwick’s horses meet the industry standards and Dr. Zwick is a PATH International Certified Equine Specialist in Mental Health and Learning. Nonetheless, there are limits inherent in any animal-assisted program. Colorado statute reads:

Warning: Under Colorado law and equine activity sponsor, or an equine professional is not liable for an injury to or death to participant in equine activities resulting from the inherent risk of equine activities pursuant to Section 13-21-119 Colorado Revised Statutes.

Conditions of Nature: Neither Dr. Zwick nor Cordillera Equestrian Center are responsible for partial acts, occurrences, or elements of nature that can scare a horse, cause it to fall or react in some unsafe way. Some examples are lightning, thunder, weather, wild or domestic animals, etc.

LIABILITY RELEASE AGREEMENT AND CONSENT TO TREATMENT

I, _____ desire to participate in equine-assisted psychotherapy. I acknowledge the risks and potential risks of equine-assisted activities. However, I believe that the potential benefits to myself/my child are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors and administrators, waive and release forever any claims for damages against Dr. Deborah Zwick, Cordillera Equestrian Center, staff, instructors, Board of Directors, for any and all injuries, losses that I or my child may sustain while participating in equine assisted activities or therapies with Dr. Zwick and her staff.

Patient/Participant Signature _____

Parent Signature _____

Witness _____