



EQUUSOMA®
HORSE-HUMAN TRAUMA RECOVERY

Client Informed Consent Form

Welcome to the **EQUUSOMA® horse-human trauma recovery program**. We are looking forward to supporting you and the horses on your personal journey of healing, recovery and growth. EQUUSOMA® is offered by Sarah Schlote, MA, RP, CCC, SEP, Registered Psychotherapist (#3402), Canadian Certified Counsellor (#0476) and Somatic Experiencing® Practitioner, under the umbrella of the Schlote Psychotherapy Professional Corporation. For more information about Sarah's training and credentials, please visit www.sarahschlote.com and www.equusoma.com.

Sessions may occur on the ground, on a treatment table for somatic touch work in proximity to horses, or on horseback. Sessions are held at a private facility near Troy, Ontario, in collaboration with horse professional **Cait Gossmann-Bond** (www.brightstrideequine.com). Group workshops are held at various other facilities with different co-facilitation teams.

Privacy and Confidentiality

Sarah collects private health information for the purposes of better understanding your challenges, needs, goals, and to guide your treatment plan. No information will be released to a third party without your prior written authorization. You have the right to withhold or withdraw consent to, or place conditions on, the disclosure of your information at any time (e.g., lock box principle). Exceptions to confidentiality include the legal and/or ethical obligations for your therapist to:

- Inform a potential victim of a client's intention to harm them;
- Inform an appropriate family member, health care professional, or police if necessary of a client's intention to end his or her life;
- Release a client's file (or portions thereof) if there is an investigation or court order to do so;
- Inform the Children's Aid Society if there is suspicion of a child at risk of harm or in need of protection due to neglect, or physical, sexual or emotional abuse;
- Report sexual abuse of a client by another regulated health professional;
- Report elder abuse of a resident in long-term care.

While these events are rare, they do exist. However, Sarah's overall goal is to make this a place where you feel comfortable to talk about personal concerns. Other instances to be aware of include the following:

- Sarah may share pertinent anonymous information about sessions within the confidential context of case consultation with other professionals, for the purposes of ensuring quality care or completing the consultation requirements of different professional bodies.
- All team members, such as co-facilitators, horse handlers or volunteers (as can be the case in group workshops or retreats) may become privy to private information about you as a result of their involvement in programs you are attending as a participant. All team members have signed confidentiality agreements and have a duty to protect your private information as well. Please let Sarah know if there are any limits to what she shares with team members.

- Sessions take place at boarding facilities. While the farms are generally quiet on weekdays, there may be other people on the property doing other horse-related things.
- Should sessions need to be cancelled or rescheduled, you may be contacted by a representative who is acting on her behalf, such as her office manager. This representative will be obliged to ensure confidentiality as Sarah does.

Privacy and Record Keeping

Records are retained for at least 10 years from the date of the last interaction with the client, or for 10 years from the client's 18th birthday, whichever is later. All information is maintained in compliance with the Personal Information Protection and Electronic Documents Act (PIPEDA) of the Federal Government of Canada and the Personal Health Information and Protection Act (PHIPA) of the Province of Ontario. This means that all personal information obtained, used, and disclosed in therapy sessions is done so with your consent. Your personal information is protected by specific safeguards including locked cabinets, a secure and encrypted practice management software (OWL Practice), and computer and document passwords. You may request a copy of your records for a reasonable fee for the time spent preparing, copying and mailing the file (where applicable). Please note that records cannot be released when they contain the name of another person and redaction of content is necessary to protect that person's confidentiality, and that reports from other professionals cannot be released without the consent of that professional. To access a copy of your record or to request corrections to your record, please submit your inquiry in writing to support@sarahschlote.com or at the mailing address listed at www.sarahschlote.com. You will receive a response to your request within 30 days. There is no cost to correct your record. There are also details about this process here: <https://www.ipc.on.ca/access-individuals/access-and-correction/>

Outcomes and Ethics

Sarah abides by the standards and ethics of a number of reputable professional bodies, and aims to conduct herself with professionalism, transparency and accountability while fostering relationships that are open, authentic and approachable. These include, but are not limited to, the Code of Ethics and Standards of Practice of the College of Registered Psychotherapists of Ontario (CRPO), the Canadian Counselling and Psychotherapy Association (CCPA), Equine-Facilitated Wellness Canada (EFW-CAN), and the US Association for Body Psychotherapy (USABP). Outcomes are difficult to predict or guarantee, since they are dependent on a number of factors, such as the fit between you and your therapist, your history, your current challenges and resources, and your readiness and willingness to work towards set goals. However, Sarah and her team members will do her best to help you to handle the risks safely and experience at least some of the benefits.

If you have any questions or concerns, Sarah encourages you to discuss them with her at any point. You may also direct your questions or a formal complaint to the College of Registered Psychotherapists of Ontario (CRPO) by fax, email, regular mail, or by phone. The complaints process involves the gathering of information (usually including material from the client's record), and requires both the psychotherapist and the client to respond to each other's comments. Complaints are reviewed by the Inquiries, Complaints and Reports Committee (ICRC). The process can be lengthy and difficult to go through for everyone involved, and the outcome may not be in the client or the therapist's favour. If you disagree with the ICRC's decision, you can request that it be reviewed by the Health Professions Appeal and Review Board (HPARB). For more information about this process, visit <https://www.crpo.ca/filing-a-complaint-about-a-member/>

Payment Policy

The standard rate for EQUUSOMA® sessions is **\$200/hr + HST** (\$226 total). A limited number of spots are available on a sliding scale for clients whose gross household income (including all working adults who live in the home), or whose parents'/caregivers' income (if they are paying for therapy) is under \$50,000 per year. Proof of income is required. The number of sliding scale spots available at any given time varies and is not a guarantee.

If you are not a pre-existing client of Sarah's, please call the office to book an initial intake session (60-75 min) at The Refuge or by phone or video to go over your background and goals for therapy. Sessions at the office are **\$160/hr + HST** (\$180.80 total), and the sliding scale policy above applies as well.

Work done outside of sessions (letters, reports, check-in calls over 10 minutes, offsite services, etc.) is charged by the in-office hourly rate. Full payment is required at the time of each scheduled appointment in the form of **cash, personal cheque** (made out to the Schlote Psychotherapy Professional Corporation), **eTransfer** (sarah@healingrefuge.com) or **credit card** (Square or PayPal). If paying by eTransfer, payment must be received prior to the start of the session. Debit transactions are not available at the farm.

Any outstanding payment for sessions will be required prior to scheduling subsequent appointments (please discuss any extenuating circumstances with Sarah to make alternate arrangements if necessary). Sarah reserves the right to employ the services of a collection agency to recover unpaid fees.

- In the event that the internet signal is inconsistent at the farm and you wish to pay by credit card, please complete the authorization form for payment to be processed this way.
- A 5% annual interest rate will be charged for payments not received within 30 days of session.
- A \$25 service charge will be added to the amount owing for NSF cheques.

Cancellation Policy

To cancel your session, please contact Sarah Schlote at 519-265-4681 (office), 519-591-7795 (cell), or by email at info@equusoma.com at least **48 hours** prior to your scheduled appointment.

- Cancellations **within 48 hours** from the session and missed sessions will be billed at the **full rate**. If it is possible to reschedule within the same week, the cancellation fee will be waived. Every attempt will be made to reschedule in emergency situations, but sometimes there are no other available times within the same week.
- If you cancel or miss multiple consecutive appointments, or fail to respond to Sarah's attempts at contacting you, Sarah reserves the right to discontinue your treatment and you will be provided with information about other services that might be of assistance if this is of interest to you.
- Fees for missed or cancelled sessions are not usually covered by extended health benefits plans.

EXCEPTIONS: Cancellation or missed session fees will be waived on compassionate grounds, for example: in the event of sickness, a medical emergency requiring urgent professional treatment, or death in the family. In the case of bad weather or dangerous road conditions, Sarah is happy to offer non-equine-related sessions by phone or video call to ensure continuity of care is maintained, if you like. If finances or payment of sessions becomes an issue, or your life circumstances change, please contact Sarah to explore additional services or resources to support you in your healing.

CONNECTIVITY ISSUES: Farms are located in rural areas that may have weak cell phone and Internet reception. Messages may sometimes not be delivered until Sarah is back in range. If you are not familiar with the farm location, please review Google Maps or GPS ahead of time and contact Sarah for directions if necessary. Please refer to the Client Instructions sheet for address and contact info.

Statement of Informed Consent

Informed consent for equine-facilitated psychotherapy is essential and out of respect for your right to choice and self-determination. Consent must be given voluntarily, knowingly and intelligently. You have the right to change your mind and withdraw informed consent at any time, terminate treatment, or refuse a particular treatment modality if you are not comfortable with it.

I, _____, have read and fully understand the information contained in this document. I understand that psychotherapy, personal growth interventions and equine-facilitated psychotherapy are not an exact science and acknowledge that no guarantees have been or can be made to me about the outcomes of these programs/services. I consent to Sarah disclosing relevant personal health information to team members as necessary. Any and all questions I have regarding the contents of this document have been answered to my satisfaction and I would like to participate in the program.

Client Signature: _____

Date: _____

EQUUSOMA®

Client Agreement and Liability Waiver

We have done everything possible to assure that everyone involved has a safe and productive equine interaction experience. However, equine-related activities are not risk free. The same elements that contribute to the unique character and fun of equine-related activities can cause loss or damage to equipment, bodily injury, illness, or in extreme cases, permanent trauma or death. We do not want to reduce your enthusiasm for the experience, but we want you to be informed of the possible risks.

1. ACKNOWLEDGMENT OF RISK (please initial next to each paragraph)

_____ EQUUSOMA® aims to provide personal learning and growth opportunities in the company of equines, which may include horses, ponies, mules, donkeys or hinnies, depending on the facility. Other animals may be present on farm properties as well, including dogs, cats, and livestock.

_____ Equine-facilitated psychotherapy activities include observations over the fence and in paddocks, pastures, and various enclosed areas, observing demonstrations, herd walks, grooming, leading, groundwork interactions, basic horsemanship skills, and quiet time spent in the presence of equine(s). Eco-therapy activities include quiet time in nature, meditation and sensory awareness exercises (known as "Activities"). Activities are generally held on the ground. Mounted activities on horseback are only offered in the presence of a qualified riding instructor and require a riding helmet. Table work activities (lying on a treatment table with horses nearby) may take place over a fence, or with a horse professional present to monitor the horses as they mingle at liberty.

The inherent risks of the Activities include, but are not limited to (please initial next to each one):

- The propensity of the animals to behave in ways that may result in permanent disability, injury, harm, or death to persons, on or around them;
- The unpredictability of the animals' reactions to such things as sounds, sudden movement, and unfamiliar objects, people, or other animals;
- The exposure to certain hazards such as surface and subsurface conditions;
- The exposure to illnesses or infections that might be contracted from animals, insects, plants or other life forms;
- Damage to personal property;
- The chance of collisions with other animals or objects; and
- The potential for other people to act in a negligent manner that might contribute to injury to themselves or others.
- It is also possible that some clients, volunteers, or guests would suffer mental anguish or trauma from the experience of such injuries.
- Equines also have emotional and physical care needs that must be met, to avoid the possibility of stress as a result of participating in activities.

_____ This is not an exclusive or exhaustive list of possible injuries or accidents that may occur during the Activities. The use of drugs or alcohol increases the risk of injury during Activities, as does failure to follow safety procedures, guidelines or instructions.

I, _____ (client's name) would like myself or my child (_____) to participate in EQUUSOMA® sessions or programs involving nature and animals. I certify that I am fully capable of participating in equine- and nature-based activities. I state that I have read the above statement on some of the possible risks in these activities and feel that the possible benefits to myself (or my child/ward) are greater than the risks assumed. Therefore, I assume full responsibility for myself for bodily injury, death, loss of personal property, and any expenses as a result of my negligence, and agree to be responsible for my safety.

I state that I will inform the team of any limits with respect to my or my child's ability to safely engage in activities or to safely manage a particular equine, known to or reasonably foreseen by me. I also understand that the team reserves the right to refuse any person it judges to be incapable of meeting the rigors and requirements of participating in equine- and nature-based activities.

2. CONTRACT, WAIVER AND RELEASE, AND INDEMNIFICATION

_____. 1. I agree to forever indemnify, release and hold harmless the Schlote Psychotherapy Professional Corporation (Sarah Schlote), Cait Gossmann-Bond (Bright Stride Equine), the property owners and boarders at 1880 Concession 4 West, Troy, ON, and their officers, directors, representatives, independent contractors, associates, affiliates, agents, employees, volunteers, and successors ("the Releasees") from all claims, demands, causes of action, damages, losses, injuries, and expenses arising out of or resulting from participation in these Activities. I further agree to release, acquit and covenant not to sue the Releasees for all actions, causes of actions, damages, or damages in law or remedies in equity of whatever kind.

_____. 2. I hereby waive any and all rights I may now or ever have to make any such claims. I hereby agree that if the Releasees are forced to defend any action, lawsuit or litigation initiated by me, my executors, or my heirs on my behalf, my heirs or executors and I agree to pay all associated legal fees if they successfully defend such action, lawsuit, or litigation, on a solicitor-client basis.

_____. 3. I acknowledge that I have read this waiver in full and that I fully understand its terms and the risks associated therewith, and that I have signed voluntarily and freely without any inducement, assurance, guarantee or representation being made.

Client Name and Signature: _____

Name and Signature of Witness: _____

Date: _____