

Disclosure Statement

Equine Assisted Psychotherapy (EAP)

Equine Assisted Psychotherapy (EAP) is an experiential therapeutic approach that addresses treatment goals using the collaborative efforts of a horse professional, a licensed therapist, horses, and the client. Each client-driven session includes hands-on, non-riding activities with the horses, along with processing and discussion of feelings, behaviors, and patterns. These activities provide a context for you to learn about yourself and connect to your story in a way that is often not possible in the office. The meanings that you'll give to particular activities or interactions with the horses can yield insights into patterns of behavior and relationships.

EAP sessions look different depending on the needs of each individual or group. Sometimes it may involve simply being with the horse while working through part of your story, other times it may be an activity that you do with the horse. We will work together to figure out what you need in each EAP session.

Because powerful emotions and insights can sometimes come up during an EAP session, it is important that you are participating in individual therapy alongside your work with the horses. I will collaborate with your primary therapist in an effort to allow the EAP work to support and enhance the work that you're doing in individual therapy.

Background, Training, and Collaboration.

I am a Licensed Clinical Social Worker with a Masters in Social Work from Virginia Commonwealth University and a Master of Arts in Counseling from Western Seminary. I have trained with Pia Melody in the Post Induction Therapy model of treatment and use it as the primary framework for my work with clients. I am trained in Eye Movement Desensitization and Reprocessing (EMDR) and use it in the therapy process when it is beneficial for my clients. I am also a qualified practitioner of the Myers Briggs Type Indicator (MBTI) and find it a helpful lens to help clients get a sense of some of the hard-wired ways that they operate in the world.

In EAP I work in collaboration with Katie Fallon at Bridle Paths (bridlepathsva.com). Katie and I are both certified through the Equine Assisted Growth and Learning Association (EAGALA) as an Equine Specialist and Mental Health Specialist, respectively.

Confidentiality

Initial_____

The Commonwealth of Virginia legally protects the confidentiality of any information you share with me. I strive to uphold and maintain strict standards of confidentiality. I sometimes consult with other clinicians about client cases without disclosing personal details or other unnecessary information. This enables me to benefit from other perspectives and insights that may be helpful in my work with clients. If you have not signed a release consent for your primary therapist, I will provide one for you to sign. *As Katie Fallon is part of the EAP work, she is included within the bounds of confidentiality.*

There are some legal exceptions to confidentiality as dictated by the Code of Virginia Standards of Practice. These exceptions include: 1) when the client is in danger to self or others; 2) when the professional counselor is under court order to disclose information; 3) in cases of suspected child abuse or 4) as otherwise required by law.

The Notice of Privacy Practices form is available on my website. Initial here to acknowledge that you have been made aware of this information. Initial_____

I utilize an online service called TheraNest for treatment planning, progress notes, payments and invoicing. I have received a Business Associates Agreement (BAA) from TheraNest. The BAA is an agreement that TheraNest will safeguard your Protected Health Information.

Email, Texts and Social Media

Initial _____

If you choose to use email or text for communication, *please note that by signing this form you are consenting for your private information to be sent from my computer/phone to yours.* I do not utilize an encrypted email service. Please limit text and email messages to business matters (i.e. scheduling appointments, billing questions, etc.).

I do not accept connection requests from clients via any type of social media. If you choose to follow me on social media, please note that although there will be no specific personal information involved, you are choosing to make your association with me public.

Appointments and Commitments

Initial _____

Appointments will be made as needed. Sometimes we will have several appointments in a row, other times they will be spread out. I have a 24-hour cancellation policy. **You will be charged the regular appointment fee if, for any reason, you fail to notify me within 24 hours of your scheduled appointment time.** You may leave me a cancellation message at 703.801.1035.

Billing and Insurance

Initial _____

The fee for EAP is \$225 per 60-minute session. Fees are subject to change but you will be given ample notice before any change is made. **Payments are to be made at each session by cash or check (made out to Beth Ratchford) or if you choose to pay by credit card your card on file will be charged for the session.** Please note that there will be a \$35 fee for any returned checks.

I do not accept any insurance or participate with any insurance companies; however I will provide statements for your records or for you to submit to your insurance company for out-of-network benefit reimbursement. It is your responsibility to check with your insurance company about your coverage.

Release Consent

Initial _____

I will be communicating with your primary therapist after each of your sessions. By initialing and signing this document you are authorizing me to exchange information/records with your therapist. My primary therapist:

Therapist Name: _____ Ph: _____

Waiver

Initial _____

By signing this form I acknowledge my understanding that horses can be unpredictable and as such, being around a horse comes with inherent risk. By signing this form I release Beth Ratchford, LLC from responsibility for any damage to person or property as a result of participating in Equine Assisted Psychotherapy.

I acknowledge that I have read and understood the information presented in this disclosure form.

Client Signature

Date

Therapist Signature

Date

