

Susan LaFreniere  
Susan LaFreniere & Associates  
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Equine Specialist: \_\_\_\_\_  
Facility: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Website: \_\_\_\_\_

## Equine Assisted Psychotherapy (EAP) Informed Consent For Treatment

Sessions are facilitated by a team of two trained professionals: a mental health professional (Susan LaFreniere LMSW) and a horse professional (\_\_\_\_\_).

**Fees: Professional counseling fees apply.** Since this modality includes a team approach and horses, it is more expensive than regular therapy. We ask that in addition to your regular co-pay, you pay an Equine donation of 55\$ (10\$ to facility, 10\$ business/liability fee, 35\$ Equine Specialist.) This extra fee goes toward paying the equine specialist, the facility and the cost of the horse keeping. We appreciate your respect for our time and the added cost of doing this work. Thank you!

**Cancellation Policy:** Failure to cancel 48 hours prior to your appointment or a no show will incur a \$50 fee. We appreciate your respect for our time.

**Location:** \_\_\_\_\_.

Please park in the parking lot and wait by your vehicle until we come and get you. We might be in a session and want to maintain privacy for all clients. Feel free to text me that you have arrived.

### EAP Sessions, Privacy and Confidentiality:

As with traditional therapy, your personal information will remain confidential. Since EAP is the kind of therapy that you learn by doing, an intern might also be part of your team and be made aware of your history and goals for treatment. These team-members are trained in how to handle confidential information. In addition, since your Equine Assisted Session is on a working farm, it is possible that someone might stop by during your session. Please know that we will attend to this as quickly and with as little interruption as possible, should it happen during your session time.

**Photo Release:** Photos may be taken of me and used for the purposes of advertising.

No Consent: \_\_\_\_\_ Initial here to consent: \_\_\_\_\_

**Hold Harmless agreement:** Although it is unlikely that you will be injured during our work with the horses, it is possible. In agreeing to participate in Equine Assisted Therapy, you also agree to abide by the Michigan Equine Liability Act which states "Under the Michigan Equine Activity Liability Act, an equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine activity."

Having read the above, I, \_\_\_\_\_ agree to participate in Equine Assisted  
Print Name

Psychotherapy with Susan LaFreniere in conjunction with \_\_\_\_\_ and assume  
Equine Specialist Name

full responsibility for my physical safety while on the farm. I agree to pay the fees involved and understand the cancellation policy. I understand that some of my history and personal information may be shared with staff members as necessary to accomplish my treatment goals. I further understand that photos of myself will not be taken or released without my express consent noted above. I understand these statements also apply to any minors to which I am guardian.

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