

Thank you for your interest in Equine Assisted Psychotherapy (EAP). EAP sessions are simply a mental health session that includes horses.

As horses are such empathetic and wise individuals, these sessions can be very powerful and struggles that may be able to be hidden and not dealt with in traditional therapy often surface. Horses have the ability to be present for us as individuals as they live in the moment, no judging or manipulation exists in the horse herd.

The horses and facilitators create a safe and confidential space in which the client is able to really touch in. We recommend scheduling at least 3-6 sessions to assist with processing.

If you have no horse experience, you are perfect for EAP services. The activities we design require absolutely NO knowledge of horses. We will give you just a few tips prior to starting services so as to make your experience beneficial and safe for yourself and the horses. Don't be shy about not knowing what to do around horses. We don't expect you to know.

Reminder that our sessions run in all weather, so come prepared. We are often not immediately available by telephone. We do not answer our phone when in session with clients or otherwise unavailable. At these times, you may leave a message on our confidential voice mail and your call will be returned as soon as possible. If, for any number of unforeseen reasons, you do not hear from us or we are unable to reach you, and you feel you cannot wait for a return call or if you feel unable to keep yourself safe, please go to your local hospital emergency room or call 911.

We already anticipate that it will be a pleasure working with you. So that you are fully aware of expectations, please take the time to review this package before you come to the farm.

We are located at 205 Hillcrest Drive in Oasis. We are happy to assist with any questions or clarifications required.



Leah Hope,  
Program Director  
Equine Assisted Learning Advanced Facilitator

Welcome to Little Oasis Equine Matters. This document contains important information about our services. Although these documents are long and sometimes detailed, it is important that you understand them. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign them or at any time in the future.

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in psychotherapy, you have certain rights and responsibilities AND THERE are also legal limitations to those rights that you should be aware of. The rights and responsibilities OF BOTH PARTIES are described in the following sections.

**Prior to the first session the following forms are required to be returned to the Program Director:**

Where applicable and/or required:

- Intake/referral for services
- Consent for release of information
- Photo/media consent form

Mandatory forms:

- Application/ profile form
- Liability waiver

**All forms must be properly filled out, signed and returned to Little oasis Equine Matters before the program begins.**

### Fees and payment policies

The standard fee for sessions is \$155 plus applicable taxes, due at the start of the session. Payment may be made by cheque, cash, credit card or e-transfer. Any cheques returned to our office are subject to an additional fee of up to \$25.00 to cover the bank fee that we incur. We have the right to terminate care for non-payment with appropriate planning for your treatment needs.

In addition to appointments, it is our practice to charge this amount on a prorated basis (we will break down the hourly cost) for other professional services that you may require such as report writing, telephone conversations that last longer than 15 minutes, attendance at meetings or consultations which you have requested, etc.

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have an extended health insurance policy, it will usually provide some coverage for mental health treatment. You are responsible for knowing your coverage. We do not bill insurance companies directly, nor do

we participate as in-network providers. We will supply you with a receipt of payment for psychotherapy services that you can submit to your insurance for reimbursement.

## Session Cancellation Policy

If you miss a session without cancelling or cancel with less than 24-hour notice, you will be charged the complete session fee. Unless you are unable to attend due to circumstances beyond your control.

## Session Details

Appointments will ordinarily be 60 minutes in duration.

Psychotherapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, (sadness, guilt, anxiety, anger, frustration, loneliness and helplessness), because the process of psychotherapy often requires discussing the unpleasant aspects of your life. However, psychotherapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. There are, however, no guarantees about what will happen. Psychotherapy requires a very active effort on your part.

Little Oasis Equine Matters offers a treatment modality called Equine Assisted Psychotherapy which is an experiential form of psychotherapy where horses are involved in the sessions. "Experiential" means that you will be involved in hands-on experiences with the horses designed to reflect things going on in your life. The process is not always about interacting with the treatment team, although that will happen at times. It is about providing you the opportunity to experience, explore, problem-solve, discover, be creative, gain insight and experience practical applications of what you are learning in the moment. The process is about "doing" along with the "talking."

Why horses? There are several reasons we choose to use horses in this work, but primarily it is due to their nature as a social and prey animal. As a result of this nature, they have an extraordinary ability to read our nonverbal communication – picking up on messages we are sending which we are not always conscious of doing. They start responding to us in ways familiar to us reminding us of other people and things in our life. It is through this they become metaphors (symbols) providing us the opportunity to work on ourselves in relation to those aspects of our lives.

Horses do not know our past, education, gender, race or other labels we may apply to ourselves and each other. They are in the moment and can be a part of this relationship without the biases we humans put on each other. This provides even more value in the insight they can provide us about ourselves.

There are some risks in being around horses due to their size and nature of being an animal.

This is covered in the Liability Release Form we have provided for your review and signature and which we have covered verbally with you. It is important you understand the risks and benefits and ask any questions you may have about that in making your decision to be involved in these services.

Little Oasis Equine Matters follows the EAGALA Model of Equine Assisted Psychotherapy.

This means:

1. Sessions are conducted by a facilitating team of a Licensed Mental Health Professional (MH) and a qualified Equine Specialist (ES) in all your sessions. These professionals are EAGALA Certified which means completion of specialized training in this model, requirements of ongoing continuing education and adherence to high standards of professionalism and practice. While both members of the team are involved in your therapy process, the role of the ES is to oversee physical safety needs and provide observations on the behaviours of the horses. The MH is there to oversee the psychotherapy process and help you make the parallels of the horse observations to your therapy goals and life. Please see our brochure to read more about our biographies.
2. All sessions are on the ground – there is no riding of horses involved in the treatment process. This is psychotherapy and even though you may learn a thing or two about horses, it is not the intent or focus to learn about horses or how to ride them. We are here to address your therapy goals and we commit to utilizing the methods we have found to best support that focus.
3. The process is solution-oriented – meaning we believe you have the best solutions for yourself when provided the opportunity to discover them. We are here to provide the space and guidance through exploring what is happening in the process. You are an individual, and every life situation you are involved in will have its own unique solutions which fit best for you – we are here along with the horses to help you find them.
4. This process also incorporates “Best Practice” or “Evidence Based” interventions as determined by the Mental Health profession.
5. EAGALA is an international, nonprofit professional association for Equine Assisted Psychotherapy and has standards and a code of ethics which we follow and have accountability to as EAGALA Certified professionals. You may review a copy of the Code of Ethics as well as go to [www.eagala.org](http://www.eagala.org) for more information.

You can read more about why horses and EAGALA Model Equine Assisted Psychotherapy at [www.eagala.org](http://www.eagala.org) and feel free to ask questions at any time.

## Confidentiality

All sessions and their content, as well as your records, will be kept strictly confidential. However, these services are on a farm in open air and a personal residence with neighbours and although we make every possible effort to limit access during the sessions- accidental interruptions may occur.

There are legal limits to this confidentiality creating circumstances in which we may disclose mental health records without consent or authorization which include: 1) If we feel you are a danger to yourself or others, 2) If we suspect a child or elderly or incapacitated person is abused or neglected, 3) Disclosure is required by the court.

Please remember that you may reopen the conversation at any time during our work together.

## Acceptance and discharge policy

If you are unhappy with what is happening in therapy, we hope you will talk with us so that we can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that we refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, colour, gender, sexual orientation, age, religion, national origin, or source of payment

Your signature below indicates that you have read and understand this Agreement and agree to their terms.

Client Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

**General Information:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address and Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer/School: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Phone number: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address if different than above: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

How did you hear about the Little Oasis Equine Matters EAL/EAP Program?

\_\_\_\_\_

**Referral Information:**

Reason for referral: \_\_\_\_\_

Referred to facility by: \_\_\_\_\_

I authorize you to contact my referring professional to notify him/her that I have arrived to initial session. Y or N

**Release of Information:**

Best contact number to reach you at: \_\_\_\_ Home) \_\_\_\_ (Cell) \_\_\_\_ (work)

May we leave message on voicemail? \_\_\_\_ (yes) \_\_\_\_ (no)

Do we have your permission to leave a message with anyone who might answer the phone number you have indicated? \_\_\_\_ (yes) \_\_\_\_ (no)

**I give LITTLE OASIS EQUINE MATTERS PROGRAM DIRECTOR permission to discuss my care or release Private Health Information (PHI) to the following:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

## RELEASE FORM FOR MEDIA RECORDING

I, the undersigned, do hereby grant or deny permission to Little Oasis Farms to use the image of my child \_\_\_\_\_, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Little Oasis Equine Matters [website](#).

- Deny permission to use my child's image at all.
- Grant permission to use my child's image in the following ways  
(check all that apply):
  - Limited usage: I want my child's image used within the Little Oasis Equine Matters setting only (not in the larger community).
  - Limited usage: I want my child's image used for educational materials only (not marketing). This could be either within Little Oasis Equine Matters or in the larger community. One example of this could be videos in parent education classes.
  - Limited usage: I want my child's image used on printed materials only (no digital or video use).
  - Unrestricted usage: I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by Little Oasis Equine Matters for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

## ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY

(AR-0103)

For Participants Over the Age of Majority in the Province or Territory in which the Equine Activities are Provided by the Host

**WARNING: THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS. READ IT CAREFULLY!**

### Every Person Must Read and Understand this Waiver Before Participating in Equine Activities

The following waiver of all claims, release from all liability, assumption of all risks, agreement not to sue and other terms of this agreement are entered into by me (the Participant) with and for the benefit of: \_\_\_\_\_

\_\_\_\_\_, its directors, officers, employees, volunteers, business operators, agents and site property owners or lessees (collectively the "Host"). Without limiting the generality of the foregoing, "Equine Activities" includes but is not limited to trail rides, pack trips and riding instructions provided by the "Host" to the Participant.

### Initial Each Item below after Reading and Understanding each item:

1. I am aware that there are inherent dangers, hazards and risks (collectively "Risks") associated with "Equine Activities" and injuries resulting from these "Risks" are a common occurrence. I am aware that the "Risks" of "Equine Activities" mean those dangerous conditions which are an integral part of "Equine Activities", including but not limited to:
  - (a) the propensity of any equine to behave in ways that may result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people or objects;
  - (b) the unpredictability of an equine's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects;
  - (c) the potential for other participants to behave in a negligent manner that may contribute to injury to themselves or others, including failing to act within their abilities to maintain control over an equine.
2. I freely accept and fully assume all responsibility for all "Risks" and possibilities of personal injury, death, property damage or loss resulting from my participation in "Equine Activities".
3. I agree that although the "Host" has taken steps to reduce the "Risks" and increase the safety of the "Equine Activities", it is not possible for the "Host" to make the "Equine Activities" completely safe. I accept these "Risks" and agree to the terms of this waiver even if the "Host" is found to be negligent or in breach of any duty of care or any obligation to me in my participation in "Equine Activities".
4. In addition to consideration given to the "Host" for my participation in "Equine Activities", I and my heirs, next of kin, executors, administrators and assigns (collectively my "Legal Representatives") agree:
  - (a) to waive all claims that I have or may have in the future against the "Host";
  - (b) to release and forever discharge the "Host" from all liability for any personal injury, death, property damage, or loss resulting from my participation in the equine activity due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake or error in judgment of the "Host"; and
  - (c) to be liable for and to hold harmless and indemnify the "Host" from all actions, proceedings, claims, damages, costs demands, including court costs and costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with my participation in "Equine Activities".
5. I agree that this waiver and all terms contained herein are governed exclusively and in all respects by the laws of the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host". I hereby irrevocably submit to the exclusive jurisdiction of the courts of that Province or Territory of Canada and I agree that no other court can exercise jurisdiction over the terms and claims referred to herein. Any litigation to enforce this waiver will be instituted in the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host".
6. I confirm that I have had sufficient time to read and understand this waiver in its entirety. I understand that this agreement represents the entire agreement between myself and the "Host", and it is binding on myself and my "Legal Representatives".
7. I confirm that I have reached the age of majority in the province in which I am participating in "Equine Activities".

### Please Print Clearly

Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Participant) Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Print Name of "Host" Witness to Signing and Initialing)

\_\_\_\_\_  
(Signature of "Host" Witness) Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

## ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY

(AR-0103)

For Participants Under the Age of Majority in the Province or Territory in which the Equine Activities are Provided by the Host  
**WARNING: THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS. READ IT CAREFULLY!**

### The Parent/Guardian Must Read and Understand this Waiver Prior to Infant Participating in Equine Activities

The following waiver of all claims, release from all liability, assumption of all risks, agreement not to sue and other terms of this agreement are entered into by me on behalf of the Infant Participant named below with and for the benefit of: \_\_\_\_\_

\_\_\_\_\_, its directors, officers, employees, volunteers, business operators, agents, and site property owners or lessees (the "Host"). Without limiting the generality of the foregoing, "Equine Activities" includes but is not limited to trail rides, pack trips or riding instruction provided by the "Host" to the Infant Participant.

### Initial Each Item below after Reading and Understanding each item:

- \_\_\_\_\_ 1. I am the Parent/Guardian of the Infant Participant and am executing this waiver on behalf of the Infant Participant in my capacity as Parent/Guardian and with the intent that his waiver be binding on myself and the Infant Participant for all legal purposes.
- \_\_\_\_\_ 2. I am aware that there are inherent dangers, hazards and risks ("Risks") associated with "Equine Activities" and injuries resulting from these "Risks" are a common occurrence. I am aware that the "Risks" of "Equine Activities" mean those dangerous conditions which are an integral part of "Equine Activities", including but not limited to:
  - (a) the propensity of any equine to behave in ways that may result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people or objects;
  - (b) the unpredictability of an equine's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects; and
  - (c) the potential for other participants to behave in a negligent manner that may contribute to injury to themselves or others, including failing to act within their abilities to maintain control over an equine.
- \_\_\_\_\_ 3. I freely accept and fully assume all responsibility for all "Risks" and possibilities of any and all personal injury, death, property damage or loss resulting from the Infant Participant's participation in "Equine Activities".
- \_\_\_\_\_ 4. I agree that although the "Host" has taken steps to reduce the "Risks" and increase the safety of the "Equine Activities", it is not possible for the "Host" to make the "Equine Activities" completely safe. I accept these "Risks" and agree to the terms of this waiver on behalf of the Infant Participant, even if the "Host" is found to be negligent or in breach of any duty of care or any obligation to myself or the Infant Participant in the Infant's participation in "Equine Activities".
- \_\_\_\_\_ 5. In addition to consideration given to the "Host" for the Infant Participant's participation in "Equine Activities", I and my heirs, next of kin, executors, administrators and assigns, as well as the Infant Participant and his/her heirs, next of kin, executors, administrators and assigns (collectively our "Legal Representatives") agree:
  - (a) to waive all claims that the Infant Participant has or may have in the future against the "Host";
  - (b) to release and forever discharge the "Host" from all liability for personal injury, death, property damage, or loss that I, the Infant Participant, or our "Legal Representatives" might suffer as a result of the Infant Participant's participation in "Equine Activities" due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake or error in judgment of the "Host"; and
  - (c) to be liable for and to hold harmless and indemnify the "Host" from all actions, proceedings, claims, damages, costs demands, including court costs and costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with the Infant's participation in "Equine Activities".
- \_\_\_\_\_ 6. I agree that this waiver and all terms contained herein are governed exclusively and in all respects by the laws of the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host". I hereby irrevocably submit to the exclusive jurisdiction of the courts of that Province or Territory of Canada and I agree that no other court can exercise jurisdiction over the terms and claims referred to herein. Any litigation to enforce this waiver will be instituted in the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host".
- \_\_\_\_\_ 7. I confirm that I have had sufficient time to read and understand this waiver in its entirety. I understand that this agreement represents the entire agreement between the "Host", myself as Parent/Guardian, and the Infant Participant, and it is binding on myself, the Infant Participant and our "Legal Representatives".

### Please Print Clearly

Infant Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent/Guardian of Infant Participant) Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Print Name of "Host" Witness to Signing and Initialing) \_\_\_\_\_ (Signature of "Host" Witness)