



*...where horses empower people!*

8848 September Way, Lincoln De, 19960 302-491-6946

Today's Date: \_\_\_\_\_

**Client Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Parent/ Guardian Name and contact info if different:** \_\_\_\_\_

**Name of Policy Holder:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Name of Insurance:** \_\_\_\_\_ **Policy #** \_\_\_\_\_ **Group**

**#** \_\_\_\_\_

**Secondary Insurance** \_\_\_\_\_ **Policy#** \_\_\_\_\_ **Group #** \_\_\_\_\_

**Who may we thank for referring you to Courageous Hearts LLC?**

\_\_\_\_\_

All sessions are for 45-60 minutes. This is the standard session length. If you have a change in insurance while you are in treatment, please let us know immediately so that we can avoid any billing confusion.

**If your insurance lapses and we have sessions that are not covered by insurance, you will be responsible for payment of the full session fee (\$150.00/office; \$225.00/Equine Assisted Psychotherapy). So, let's work together to prevent this from occurring!**

*It is our goal to provide therapeutic services that meet or exceed your expectations. If for any reason you want to discuss the financial component of treatment, please let me know.*

Thank you for allowing us to assist you. We am glad to be a part of your life's journey!

Sincerely,

Rosemary Baughman LCSW, CADAC, EAP advanced certified  
Director

**I have read, understand and agree to the above:** \_\_\_\_\_

**Responsible Parties Signature**

**DATE**

**Updated 6/2021**



*...where horses empower people!*

8848 September Way, Lincoln De, 19960 302-491-6946

### **Cancellation Policy**

At Courageous Hearts LLC, your healing and therapeutic process is our top priority. We are glad you have chosen to care for yourself by choosing therapy with our agency. We have found that therapy is most effective with consistent, regular attendance.

When your session is scheduled, we are setting aside time just for you and we make preparations in order to best assist you in your emotional growth and healing process. It is important that if you need to change or cancel your session you contact us **AT LEAST 24 HOURS** in advance. There will be a **\$50.00 charge for NO SHOWS or Cancellations within less than 24 hours.** This is expected to be paid before we will reschedule. We do, however, understand that emergencies do occur, and will make exceptions on a case by case basis.

***Note: remembering your scheduled session is your responsibility, we do not have staff that make reminder calls.***

Thank you for your cooperation. We look forward to working with you to reach your therapeutic goals.

\_\_\_\_\_  
PARTICIPANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Courageous Hearts LLC STAFF

\_\_\_\_\_  
DATE



*...where horses empower people!*

8848 September Way, Lincoln De, 19960 302-491-6946

### **Office/Farm Policy**

Dear Clients and families,

We would like to welcome you to Courageous Hearts LLC located at Little Bit Acres.

We already anticipate that it will be a pleasure working with you. Please take a few minutes to review these farm policies so that you are fully aware of expectations at the farm.

We attempt to maintain a casual environment and our hope is that clients feel comfortable in this natural setting. The services you receive may occur in the office, barn, pasture or the arena. It is recommended that you dress accordingly. Equine Assisted Psychotherapy (EAP) is not about riding or horsemanship and no specific clothing is required for participants. We do however insist that you wear closed-toe shoes such as sneakers, boots or other casual shoes (no sandals, flip-flops or croc type shoes) to protect your feet while near horses.

If you have no horse experience you are PERFECT for EAP services. The activities you will participate in require NO horse knowledge. We will provide tips before beginning services to make your experience safe and beneficial for you and the horses.

We have additional animals on the property whom you are welcome to interact with in a respectful manner

***\*\*Please keep in mind that the safety and privacy of all clients is important and in order for that to occur, hours at the farm are by appointment only. Please do not visit other than your scheduled time\*\****

We know that frequently clients have such a wonderful experience at Courageous Hearts that they want to share this with others. If you know anyone who may benefit from our services, you are welcome to give them our contact information and speak with them about their own appointment. We do adhere to strict confidentiality policies and will not share information with others.

We request you keep your scheduled appointment, as we will have prepared activities designed for your experience. Please check in upon arrival so that we can share time with you. **Keep in mind clients are not permitted in the barn, pasture or arena without one of the professionals on site.**

We look forward to meeting and sharing experiences with you here at Courageous Hearts... *Where Horses Empower People.*

Sincerely,

Executive Director, Rosemary Baughman LCSW, CADC

---

Client Signature

---

Date



*...where horses empower people!*

8848 September Way, Lincoln De, 19960 302-491-6946

### **LIABILITY RELEASE FORM**

**I acknowledge** that all therapeutic and learning activities involving horses entail known and unanticipated risks, which could result in physical or emotional injury, paralysis, death or damage to me, to property or to third parties. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the activity.

**I expressly agree and promise** to accept and assume all the risks existing in these activities. My participation in these activities is purely voluntary and I elect to participate in spite of the risks.

**I certify that I have adequate insurance** to cover any injury or damage I may cause or suffer while participating in these activities, or on the premises at Little Bit Acres or else I agree to bear the costs of such injuries or damage to myself. I further certify that I have no medical or physical conditions, which would interfere with my safety in these activities, or else I am willing to assume-and bear the cost of- all risks that might be created, directly or indirectly, by any such condition.

**I agree to hold harmless and indemnify** Courageous Hearts LLC, Compassionate Hearts Inc., Little Bit Acres, all owners, employees, contractors and subcontractors to Courageous Hearts LLC and Compassionate Hearts Inc and release them from any liability or responsibility for accident, damage, injury, illness or death to undersigned or any family members or spectator accompanying the undersigned.

#### WARNING

Under Delaware Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to 10 Delaware Code Section 8140.

**Signature below indicates receipt of this release and full knowledge of its contents**

\_\_\_\_\_  
**Signature of participant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of parent or guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Courageous Hearts Staff**

\_\_\_\_\_  
**Date**



*...where horses empower people!*

8848 September Way, Lincoln De, 19960 302-491-6946

### **CONSENT FOR TREATMENT**

I/We, the undersigned, hereby consent to participate in treatment with Courageous Hearts LLC.

AND/OR

I/We are the parent/s or legal custodial guardians of the minor child/children listed below and give consent to Courageous Hearts LLC to provide services for:

\_\_\_\_\_  
Client's name

\_\_\_\_\_  
Date of Birth

I/We understand that treatment is in accordance with the Statement of Patient Rights, and that all records of Courageous Hearts are protected by State and Federal regulations regarding the confidentiality of patient records.

I/We understand that payment for services is expected at the time services are received.

I/We understand that I/we have the right to refuse any treatment or therapy offered by Courageous Hearts LLC Equine Assisted Psychotherapy and Learning Center.

I/We understand that I/we may revoke this consent at any time by oral and/or written request.

**\*I/We understand that on occasion an undergraduate or graduate student may be present in session for their learning experience and agree \_\_\_\_\_**

**\*I/We understand that treatment may be administered by a masters level mental health intern receiving supervision by a Licensed Clinical Social Worker. \_\_\_\_\_**

I/We have read and understand the above:

CLIENT SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

STAFF SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_





*...where horses empower people!*

8848 September Way, Lincoln De, 19960 302-491-6946

**HIPAA Acknowledgement**

By signing below, I acknowledge that I have been offered a copy of this office's Notice of Privacy Practices form.

\_\_\_\_\_  
Client/ Parent/Guardian Signature

\_\_\_\_\_  
Date

**Refusal to Sign Acknowledgment**

\_\_\_\_\_  
Client/ Parent/Guardian Signature

\_\_\_\_\_  
Date

**Notice of Privacy Practices was sent**

\_\_\_\_\_  
Client/ Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CH staff initials

\_\_\_\_\_  
Date