

FAMILY & ASSOCIATES

Welcome to Equine Facilitated Learning

**ESTABLISHED FAMILY FOCUS CLIENTS
PLEASE SKIP AHEAD TO PAGE 7**

Welcome to Family Focus! We are excited about embarking on this journey with you and look forward to a time of growth and possibility. It's important to begin with a clear understanding of expectations: The information in this packet will help you understand each of our rights and responsibilities. Please read these policies carefully and sign where indicated. If our services are for a child who's reached the age of 17, they must consent for themselves.

Important information is listed at the beginning of each section. We are happy to provide you with a copy of these policies as well as answer your questions about the information in this document or about any other aspect of our work together.

Family Focus refers to Family Focus LLC, its facilities, stakeholders, contractors, employees, volunteers and all other persons directly or indirectly associated with the enterprise. All clinicians at Family Focus abide by clinic policies but are independent contractors and not otherwise employed by the practice. Family Focus assumes no liability for the actions or inactions of independent contractors.

MANAGING APPOINTMENTS

- **48-hour cancellation policy**
- **Full amount charged for late cancellations and no-shows**
- **Missed appointments subject to rescheduling fee**

Initial visits typically take about 80 minutes and range from \$150-\$525. Ongoing sessions are 30-90 minutes and range from \$110-\$175. The frequency of visits suggested by your clinician will depend on your needs and preferences. Please feel free to discuss your schedule with your clinician at any time.

Managing appointments is your responsibility. We do not make reminder calls. Minimum notice of 48 hours is required to cancel or reschedule your appointment without being charged for the full session. At clinician's discretion, a minimum rescheduling fee of at least \$35 will apply to all missed appointments, including excused appointments.

INITIAL

Arriving late to an appointment reduces session time. Children under age 10 must have adult supervision.

PAYMENT FOR SERVICES

- o **Payment is due when services are rendered**
- o **Please keep credit card authorization up to date**
- o **Store receipts carefully**

Family Focus is a private pay clinic. We do not accept insurance. We will keep your credit card securely on file to be charged when services are rendered. Unless other arrangements are made, the same card will be used for all family members seen at Family Focus. If no credit card is available, payment for appointments must be made as they are scheduled.

We will provide a detailed receipt of each visit should you choose to file for reimbursement with your insurance provider. Please store receipts securely: There is a \$30 per-event fee to reproduce them.

Unpaid bills over 90 days late will be sent to collections. A \$50 collection fee will be added to each unpaid bill sent to collections.

INITIAL

If more than one person will be responsible for payment, all parties should submit their own credit card authorization indicating the percentage of each payment to be charged to each card.

CREDIT CARD AUTHORIZATION

Please remember to keep your credit card information up to date.

Cardholder Name _____ Phone () - _____

Card Number _____ Expiration ____/____ CVC _____

Debit Credit Visa Mastercard ZIP Code _____

Cardholder Signature _____ Percentage _____ %

PRESCRIPTION REFILLS

- o **48-hour prescription refill policy**
- o **Fee charged for rush requests**

Please request prescription refills from your clinician during your office visit or regular clinic hours. Your pharmacy can also fax requests for non-stimulant refills to (225) 231-7160.

Please allow 48 hours for your refill to be processed. If you need it faster, and we can accommodate your request, there will be a \$20 rush fee.

INITIAL

If the prescription for a controlled substance or the medication itself is lost, the prescription will not be rewritten.

CONFIDENTIALITY

INITIAL

Collaboration is considered a standard of good practice for mental healthcare professionals. The clinicians at Family Focus function as a team. Staff meetings are held to discuss best practices in patient care. Your information will only be shared as outlined in our HIPAA Privacy Notice.

ADDRESSING CONCERNS

Brief consultation with your clinician outside your regular session is included in our service. Consults longer than 15 minutes will be charged at your clinician's regular hourly rate.

HAVE A CONCERN ABOUT YOUR TREATMENT?

Call or email your clinician, allowing up to 48 hours for reply.

HAVE A SAFETY CONCERN DURING BUSINESS HOURS?

Call front desk at (225) 231-7155 and we will page your clinician.

HAVE A SAFETY CONCERN AFTER HOURS?

Call answering service at (225) 379-2130 or go immediately to emergency room.

INITIAL

HAVE A NON-SAFETY CONCERN AFTER HOURS?

Call front desk (225) 231-7155 and leave message on voicemail.

TERMINATION OF SERVICES

INITIAL

You may terminate services at any time. If you were to terminate, your clinician would decide whether a therapeutic relationship could be reestablished. A pattern of unscheduled, cancelled or missed appointments could result in termination. In such case, referral to another clinician would be provided. After 12 months of inactivity, your chart will be closed. If your chart is closed, you will revert to new patient status, and any future treatment will be as a new patient.

AUTHORIZATION FOR ELECTRONIC COMMUNICATION

I hereby request that Family Focus communicate with me electronically about my treatment. I understand there are risks associated with the electronic transmission of my protected health information (PHI). Electronic communication could be lost, intercepted, altered, corrupted or incomplete, or could fail to be delivered. I also understand my electronically transmitted PHI may not be encrypted. After receiving notice of these risks, I authorize Family Focus to communicate with me electronically, including the transmission of my PHI. I understand I may revoke this authorization by writing the Privacy Offer at Family Focus, 8303 O'Hara Court, Baton Rouge LA 70806.

This authorization allows my PHI to be electronically transmitted only to me, not any third party. I understand I must submit a separate authorization to allow the disclosure of my PHI to any third party. Family Focus bears no responsibility or liability for any error, omission, claim or loss in connection to the electronic transmission of any information to me by Family Focus.

[Redacted]

INITIAL

ACKNOWLEDGMENT OF RECEIPT OF HIPAA PRIVACY NOTICE

I confirm I have been given a copy of the HIPAA Privacy Notice describing how Family Focus may use or disclose my protected health information. I understand I should read it carefully. I am aware the notice may be updated from time to time and that I can always request a copy from the front desk or download it from the website.

NOTICE TO MINORS

Your mental healthcare provider has the right to disclose your protected health information to your parent/guardian if deemed necessary.

[Redacted]

INITIAL

I understand the information provided in this consent. I understand I am encouraged to ask questions about this information, now or at any time in the future. I have read this consent in its entirety and agree to abide by its terms. I hereby consent to being contacted by Family Focus and agree that Family Focus may leave messages for me as needed.

[Redacted]

SIGNATURE OF PARTICIPANT
(or parent/guardian if a minor)

PRINTED NAME

_____/_____/_____

DATE

FAMILY FOCUS & ASSOCIATES

New Participant Registration

PARTICIPANT INFORMATION

Last Name _____ First Name _____
Gender _____ Pronouns _____
Address _____
City _____ State _____ ZIP _____
Birthdate ____ / ____ / ____ Age _____ Social Security ____ - ____ - ____
Email _____ Driver's License _____
Preferred Phone (____) ____ - ____ Alternate Phone (____) ____ - ____

PHARMACY

Name _____ Phone (____) ____ - ____
Location _____

INSURANCE

*We are required to submit your insurance information when obtaining prior authorization for prescriptions. **Please attach copy of insurance card, front and back.***

Insurance Company _____ Name of Insured _____
Member ID _____ Group Number _____
BIN # _____ PCN # _____ Medicare/Medicaid Y N

EMPLOYER

Employer _____ Phone (____) ____ - ____
Occupation _____

SPOUSE / PARTNER

Last Name _____ First Name _____

Email _____ Phone () - _____

PARENT / GUARDIAN

Last Name _____ First Name _____

Address _____

City _____ State _____ ZIP _____

Birthdate / / Age _____ Social Security - - _____

Email _____ Driver's License _____

Employer _____ Preferred Phone () - _____

PARENT / GUARDIAN

Last Name _____ First Name _____

Address _____

City _____ State _____ ZIP _____

Birthdate / / Age _____ Social Security - - _____

Email _____ Driver's License _____

Employer _____ Preferred Phone () - _____



INITIAL

I agree that Family Focus may contact me using the information I have provided on this form and may leave messages for me as needed.

FAMILY FOCUS & ASSOCIATES

Consent for Equine Facilitated Learning

Family Focus, Green Acres Stables and Fargason Holdings collectively and individually refer to Family Focus LLC, Green Acres Stables LLC and Fargason Holdings LLC, and the facilities, stakeholders, contractors, employees, interns, volunteers and all other persons directly or indirectly associated with these enterprises.

To receive the maximum benefit from your equine therapy session, please be aware of the following:

- Group sessions are typically one hour and usually led by two facilitators.
- All documentation must be complete and brought to your first session.
- Receipts will be issued and can be submitted to your insurance provider at your discretion.
- Due to the inherent risk presented by farm animals, anyone present may be asked to sign a release.
- Children must be supervised and remain in the designated waiting area away from animals, chemicals, tools and equipment.
- Confidentiality is of utmost importance to us. Please be aware that you may be seen by other clients arriving early for their sessions or neighbors on their adjoining property.
- Sunscreen and hat recommended. Closed toe shoes required. Long pants not required as you will not be riding. Mounted work may be part of your session but saddles and riding gear will not be used.
- We meet rain or shine! Wear rain gear if inclement weather is expected.



INITIAL

MEDICAL & EMERGENCY

Medical Doctor _____

Phone () - _____

Emergency Contact _____

Phone () - _____

EQUINE SAFETY NOTICE

A well-trained horse is docile, obedient and affectionate. However, the horse's keen survival instinct is why it has survived for 50 million years. Please read and initial the following warnings concerning the nature and character of the horse.


INITIAL

Like all animals, horses can be unpredictable. They weigh up to 1300 pounds, are extremely strong, and can be high strung. Because of these characteristics, you must always treat a horse with respect.


INITIAL

When a horse is frightened, angry, stressed or feels threatened, its instinct is to jump forward or sideways and run away at speeds up to 35 miles an hour.


INITIAL

When a horse perceives a threat from behind, it may kick backward, forward or sideways using one or both hindlegs. When a horse perceives a threat from above, it may hunch its back and throw a rider to the ground with tremendous force. When a horse perceives a threat from the front, it may rear up and strike with one or both front legs, bite, throw its head up or from side-to-side, or run directly over whatever it fears.


INITIAL

Always approach a horse calmly and quietly, preferably to its shoulder or lower neck, while speaking in a soothing manner.


INITIAL

Loud noises, sudden movements, ill-fitting equipment, approaching vehicles, physical pain and other animals can all provoke a horse's natural protective response. Early signs of anger or fear can include some combination of sudden muscle tension, abrupt snorting, ears laid flat against the head, and a quick tossing or raising of the head.


INITIAL

A horse's eyes operate independently; it can look in two directions at once. It can also focus both eyes on an object in front of it. The direction in which an ear is pointing will typically tell you where the eye on that side is looking. A horse has two blind spots, directly behind and directly in front. When its head is lowered, the spot directly at the end of its nostrils is blind. It is best to approach a horse close to the shoulder. Never surprise one from the rear or reach for its mouth immediately upon approach.


INITIAL

While a horse is sure-footed by nature, it may step on an object (such as your foot) when turning or balancing. When a horse is worked on unstable or slippery ground, it could fall and injure the handler, the rider and itself.

WARNING

Under Louisiana law, a farm animal activity sponsor or farm animal professional is not liable for an injury to or the death of a participant in a farm animal activity resulting from the inherent risks of the farm animal activity, pursuant to RS 9:2795.1.

RELEASE AND HOLD HARMLESS AGREEMENT

I understand the inherent risks of interacting with horses. Understanding those risks, I hereby release, acquit and forever discharge Family Focus and/or Green Acres Stables from any liability whatsoever, including all manner of suit, action, demand and liability that may arise from this activity, or in the event of injury or damage of any nature, including death, to me or anyone else caused by or incidental to my decision to engage, mount or ride a horse owned or operated by Family Focus and/or Green Acres Stables.

I represent and warrant that this agreement is voluntarily and intentionally entered into and signed, and that in signing this agreement, I further limit the liability of all facilitators, including any activity involving or not involving an equine, including death, personal injury and damage to property, that should occur at Green Acres Stables.

I represent and warrant to release and hold harmless the equine facilitators from all liability, including any incident caused by or related to the negligence of said facilitators and injuries known, unknown or otherwise undisclosed, including property damage, injury and death from walking, grooming and feeding; use in any capacity of the horse barn, paddock, trails and ring; or my failure to understand facilitator directions relating to the use and control of my horse or the horses to which I have been assigned.

I represent and warrant to release and hold harmless Family Focus and/or Green Acres Stables from all liability including any injury that should occur at Green Acres Stables.

I represent and warrant that anyone who accompanies me to Green Acres Stables is my responsibility. I represent and warrant that this agreement releases Family Focus and/or Green Acres Stables from all liability related to any person who may accompany me to Green Acres Stables.

I understand Louisiana Statute 9:2795.1 states: A farm animal activity sponsor, farm animal professional or any other person, including a corporation or partnership, shall not be liable for an injury to or the death of a participant resulting from the inherent risks of a farm animal activity, and no participant or participant's representative shall make any claim against, maintain an action against or recover from a farm animal activity sponsor, farm animal professional or any other person for injury, loss, damage or death of the participant resulting from any of the inherent risks of farm animal activities.

"Inherent risks of farm animal activities" means those dangers or conditions which are an integral part of farm animal activity, including: a) The propensity of farm animals to behave in ways that may result in injury, harm or death to persons on or around them, b) The unpredictability of their reactions to such things as sound, sudden movement, and unfamiliar objects, people and animals, c) Certain hazards such as surface and subsurface conditions, d) Collisions with other farm animals or objects, e) The potential of another participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the farm animal or not acting within his/her ability.

"Participant" means any person, whether amateur or professional, who engages in a farm animal activity, regardless of whether a fee is paid to participate in the farm animal activity.

I acknowledge and represent that I have read, understand, and freely enter this Release and Hold Harmless Agreement. I understand this agreement is a waiver of all liability. I sign this agreement freely and voluntarily. No representations, statements or inducements have been made. I execute the release for full, adequate and complete consideration fully intending to be bound by same.

	_____	____/____/____
SIGNATURE OF PARTICIPANT <i>(or parent/guardian if a minor)</i>	PRINTED NAME	DATE

MEDIA RELEASE

I authorize Family Focus to create and publish visual media of me and/or my child while I/we participate in equine facilitated learning. I agree that my child's and/or my name and likeness may be used in marketing materials. I release and hold harmless Family Focus from any expectation of privacy or confidentiality associated with said media. I acknowledge my participation and/or that of my child is voluntary and no compensation will be received from the publication of this material. I understand publication of said media confers no royalties or rights of ownership. I release Family Focus and any other party involved in publishing said media from all liabilities or claims made by me or any third party.


INITIAL

_____	_____
NAME OF PARTICIPANT	NAME OF CHILD <i>(if applicable)</i>