

Family Focus Equine Facilitated Learning (EFL) Information

Revised 12/23/19

Welcome to EFL. Thank you for the opportunity to serve you. In order to participate in EFL, it is important that you understand our clinic policies. If you are already a clinic patient, you do not need to repeat the general clinic portion of the consent packet. Just let the front desk know whose chart to use to copy the general clinic information from, and complete this form starting at page 9.

Family Focus and Independent Contractors (IC's) 8303 O'Hara Ct Patient Demographics Form

Patient Information:

Last _____ First _____
Address/city/state/zip: _____
Date of Birth: _____ Age: _____ SS# _____ Drivers License # _____
Phone #'s: Home () _____
Mobile () _____
Work () _____ Ext. _____
Fax () _____
Email _____

Preferred phone number if message is to be left: _____

Preferred Pharmacy:

Name: _____ Location: _____
Phone () _____ Fax () _____

Patient Employment Information:

Occupation: _____
Place of Employment/Employer: _____
Phone #'s: Work () _____ Ext: _____ Fax () _____

Insurance Information:

Insurance Co _____ Member _____
ID _____
Name of Insured Person _____ Group _____

Spouse/Partner's Information:

Last _____ First _____ Middle _____

Email Address: _____

Phone #'s: Home () _____ Mobile () _____ Work () _____

Parent/Guardian Information (if patient is a child):

Last _____ First _____

Address/city/state/zip: _____

Date of Birth: _____ Age: _____ SS# _____ Drivers License # _____

Place of Employment: _____

Address/city/state/zip: _____

Phone #'s: Home () _____
Mobile () _____
Work () _____ Ext. _____
Fax () _____
Email _____

Last _____ First _____

Address/city/state/zip: _____

Date of Birth: _____ Age: _____ SS# _____ Drivers License # _____

Place of Employment: _____

Address/city/state/zip: _____

Phone #'s: Home () _____
Mobile () _____
Work () _____ Ext. _____
Fax () _____
Email _____

Completion of this form indicates consent for us to contact you and leave messages if needed.

Sign consent to this effect

**Family Focus
and affiliated Independent Contractors
General Clinic Policies**

To help us provide you the best quality of care, please read the following information and sign below. Please have your children sign if the appointment is mainly for them and they are at least 17 years old (they must give consent for themselves at that age). If you have questions, please feel free to ask the office staff or clinicians.

Also, please note that the following Clinicians are Independent Contractors (Rhonda Browning, , Ceci Waguespack, Jamie Schuler, Misty Sharpe, and Lori Heroman, Suzanne Jones, Janell Soileau, and all

interns/students who shadow under our supervision), and while they are renting space and have chosen to adopt the same clinic policies, they operate independently from Family Focus where it pertains to legal matters. Throughout this and accompanying documents, the designation of all clinicians will be "Family Focus and IC's" (Independent Contractors).

Very important information is listed at the beginning of each section in order to alert you to the policies that will help you receive services more effectively and efficiently. We are happy to provide a copy of these policies to you to keep for your records. Please just ask the front desk when you turn them back in.

Appointment policy - 48hour cancellation policy
Full amount charged if unexcused
At least \$35 rescheduling fee even if visit excused (provider's discretion)
Sessions not extended if client late for appointment
Adult supervision required for any children under 10 years old

 INITIALS

An appointment is considered a mutual commitment between you and your clinician, and is subject to personal accountability and responsibility in keeping and managing the appointment. **A 48 hour notice is required to reschedule or cancel your appointment and to avoid automatic billing for payment of your session.** The full amount for the visit will be charged without such notice. In addition, even "excused" visits will be charged at least \$35 rescheduling fee due to changes in our overhead and in an effort to keep the pricing for sessions from increasing. **Please ask your provider about their rescheduling fee which may differ from this generalization.** Please understand that because we do not overbook like other clinicians do, we do not have anyone sitting in the office who can fill the spot when a client misses. Therefore, the time is not used or compensated. We do have to pay our overhead costs and book our spots accordingly.

Late arrival for an appointment does not extend the appointment time. The session is yours and is also your responsibility for managing. Please be aware that our EFL sessions are usually an hour and we are booked back to back. Please be sure we have updated information when your phone number or other contact information changes. By signing this form, you are indicating your consent for us to contact you via any/all of the contact methods listed on the pt demographic form and to leave messages if needed.

Please bring an additional adult to visits if children under 10 years old are in attendance (even if not primary patient). We are not equipped to monitor/supervise unattended children, and their presence is disruptive to our ability to serve you.

Payment for Services - Full payment for the visit is expected at appointment time.
Keep your receipt to file for reimbursement with your ins. co.
Please complete and update as necessary the form to keep cc on file
[redacted] INITIALS

Family Focus and IC's is a private pay clinic, and does not bill or contract with insurance companies directly. As such, payment is due in full at the time services are rendered. We provide a detailed receipt to you for each visit in order that you may seek reimbursement from your insurance company (if applicable) in accordance with your benefit plan. **Please keep your receipts, as we will charge \$30 per incident to reproduce them**. The credit card used to make an initial appointment with Family Focus or the card indicated on the attached payment form will be kept confidentially on file to be automatically charged for the full session fee in the event of a **late cancellation (less than 48 hours)**, a no show/missed appointment, psychological scoring and write-ups, record production, or other balances that may incur. The card will be used for all family members who are seen at Family Focus. The card will need to be updated when it expires or when use of card changes to another. Payments not made at the time of the visit will be billed. Payment not made within 90 days of billing will be sent to a collection agency. A \$50 collection fee will be added to each appointment that has to be addressed in this manner. If no credit card is available, then payment must be made by check or cash for the next visit at the time of scheduling.

If multiple parties are responsible for payment (ie multiple guardians for same patient who share the expense of the appointments), please obtain additional copies of this policy and have all necessary parties complete the form, so that we may attempt to charge parties in accordance with payment agreements. In addition, indicate the percentage of payment to be charged to the party signing below _____.

Confidentiality

The clinic operates in a "multi-disciplinary" way, meaning that the clinicians function as a team of sorts. Staffings are held on a regular basis to review questions and concerns that we may have about a particular situation, and clinicians share the patient chart at times. Therefore, it is important to understand that the information in the chart is accessible to other clinicians in the office. Information pertaining to your care will be shared in accordance with our HIPPA Compliance Information Packet. Please ask for a copy if you'd like one.

[redacted] INITIALS

Notice to Minors

Your healthcare provider has the right to disclose protected healthcare information to your parents/guardians should he/she deem necessary.

Authorization for Electronic Communication

As a convenience to me, I hereby request that Family Focus, LLC and Associates communicate with me regarding my treatment by Family Focus, LLC and Associates via electronic communications (e-mail or text message). I understand that this means Family Focus, LLC and Associates and/or my treating providers will transmit my protected health information such as information about my appointments, diagnosis, medications, progress and other individually identifiable information about my treatment to me via electronic communications.

I understand there are risks inherent in the electronic transmission of information by e-mail, on the internet, via text message, or otherwise, and that such communications may be lost, delayed, intercepted, corrupted or otherwise altered, rendered incomplete or fail to be delivered. I further understand that any protected health information transmitted via electronic communications pursuant to this authorization may not be encrypted. As the electronic transmission of information cannot be guaranteed to be secure or error-free and its confidentiality may be vulnerable to access by unauthorized third parties, Family Focus, LLC and Associates shall not have any responsibility or liability with respect to any error, omission, claim or loss arising from or in connection with the electronic communication of information by Family Focus, LLC and Associates to me.

After being provided notice of the risks inherent in use of electronic communications, I hereby expressly authorize Family Focus, LLC and Associates to communicate electronically with me, which will include the transmission of my protected health information electronically. I understand that in the event I no longer wish to receive electronic communications from Family Focus, LLC and Associates, I may revoke this authorization by providing written notice to Family Focus, LLC and Associates at 8303 O'Hara Court Baton Rouge, LA 70806 or fax at 225-231-7160.

I agree that Family Focus, LLC and Associates may communicate with me electronically unless and until I revoke this authorization by submitting notice to Family Focus, LLC and Associates in writing. This authorization does not allow for electronic transmission of my protected health information to third parties and I understand I must execute a separate authorization for my protected health information to be disclosed to third parties.

Consent

I have read and understood this consent in its entirety and agree to abide by these terms. I am also aware that if I have questions about this document in the future, I am encouraged to bring them up at any time.

Please indicate your agreement to the terms of this policy by signing below.

Printed name of patient

Signature of patient – if 17 years or older

Signature of responsible party - if patient under 17 years old

Date

EFL Portion of Consent

In order to get the maximum benefit from Equine Facilitated Learning provided by Family Focus, LLC and Associates and Green Acres Stables, LLC, please be aware of the following:

- Typically 2 professionals (1 mental health and 1 equine specialist) participate with the client in the 1 hour group session. Receipts are issued and can be submitted for potential insurance reimbursement.
- Ensure that all consents and releases are completed and brought to the first session.
- Address of sessions is:
 - 21556 Hoo Shoo Too Rd
 - Drive past house and barns. Park near arena in back and head to the barn in front of the arena.
- Recommended Attire:
 - o Hat (not a lot of shade where we'll be working)
 - o Sunscreen
 - o Closed-toed shoes
 - o Rain gear (poncho and rain boots) if applicable – WE MEET RAIN OR SHINE
- Activities involve mostly groundwork, not riding, so long pants are not needed. Mounted work may be part of the sessions but only as participants are comfortable. Saddles and riding gear such as bridles and reins will not be part of these exercises.
- Anyone arriving at the farm is subject to sign consents due to the inherent risk of being around farm animals and facilities. Parents bringing other siblings to the session will be asked to supervise the children and keep them in the designated waiting area, away from farm equipment, tools, pesticides, and animals. Please bring materials to keep them occupied to prevent roaming on the farm.
- Due to the nature of the outdoor learning, there is potential for portions of the session to be viewed by clients arriving early for sessions or neighbors who may be in their yard/field. Please note that confidentiality is of utmost importance to us, but that there are situations that cannot be avoided. Please guide us regarding your comfort level if situations arise that involve potential exposure to outside influences.
- By signing, you indicate that you have read and agree with the information and instructions provided above as a participant of EFL.

Medical Release and Client Info Form

Client Name, Address, best phone #: _____

Medical Doctor (Pediatrician/Internist) and phone #: _____

Emergency contact name and phone number: _____

Horse Related Safety Notice

The Nature and Physical Character of the Horse - Domesticated, well-trained horses are usually obedient, docile and affectionate. However, it is important to understand that their survival instincts are what have allowed the horse to survive from prehistoric times to the present day.

1. I am advised that horses are unpredictable by nature, with minds of their own, as are all animals both domestic and wild. The horse is often somewhat high strung or nervous by nature. Horses are extremely strong and physically powerful. Horses are extremely heavy weighing from 600 to 1300 pounds on the average. These characteristics deserve a human being's utmost respect.

2. I am advised that when a horse is frightened, angry, under stress or feels threatened, it is the horse's instinct to jump forward or sideways, to run away from danger at a trot or gallop of speeds up to 35 miles per hour.

3. I am advised that if a horse is frightened or feels threatened from behind, the horse may kick straight back, sideways in either direction or even forward with either or both hind legs with tremendous force.

4. I am advised that if a horse is frightened or feels threatened from above or from his/her back, he/she may hunch the back and buck in a way that could throw a rider to the ground with tremendous force. A fall from a horse will usually be from a height of 3 to 6 feet.

5.I am advised that if a horse is frightened or feels threatened from the front, the natural reaction may be to rear up with both front legs, strike with one or both front legs, bite with teeth, throw the head up or from side to side, or run directly over whatever he/she fears in front of him/her.

6.I am advised that a human must always approach a horse calmly and quietly with caution, preferably to the horse's shoulder or lower neck, talking soothingly to the horse.

7.I am advised that loud and/or sudden unexpected movements, dropping of objects near a horse, approaching vehicles or animals or people, ill- fitting equipment or physical pain can provoke a domesticated horse to react according to natural, protective instincts.

8.I am advised that the first signs of anger or fear in a horse are the sudden tensing of the muscles of the body, possibly laying the ears flat back against the head, or quickly tossing or raising the head, or sudden snorting through the nostrils accompanying at least one other warning sign

9.I am advised that a horse can see independently with each eye, actually looking in one direction with one eye and another direction with the other eye. The horse can also focus both eyes on one object somewhere in front of him/her. Typically the direction the ear is pointing will tell an observer where the eye is looking on the same side.

10.I am advised that a horse has two blind areas around which he/she cannot see. Those areas are directly behind the horse and directly in front. When a horse has his/her head lowered to the ground, the spot directly at the end of the nostrils is a blind area. This is the reason it is best to approach a horse close to the shoulder, and never to surprise a horse from the rear, or to reach first for the horse's mouth.

11.I am advised that while a horse is very sure- footed by nature, horses may accidentally step on an object such as a human's foot when the horse is balancing or turning around. When a horse is worked on unstable ground or slippery grass or footing, the horse could fall down injuring the horse, rider and /or handler.

I have read and do understand the above warnings concerning protective attire and the nature and physical character of the horse.

Equine Facilitated Learning (EFL)
Consent and Hold Harmless Agreement
Family Focus, LLC and Associates and Green Acres Stables, LLC

1. I, (client name), the undersigned have read and understand, and freely and voluntarily enter into this Release and Hold Harmless Agreement with Family Focus, LLC and Associates and Green Acres Stables, LLC any and all independent contractors/employees/volunteers understanding that this Release and Hold Harmless Agreement is a waiver of any and all liability(ies).

2. I understand the potential dangers that I could incur in working horses; including, but not limited to, any interactions with horses. Understanding those risks I hereby release, acquit, and forever discharge Family Focus, LLC and Associates and Green Acres Stables, LLC contractors/employees, volunteers, and anyone else directly or indirectly connected with Family Focus, LLC and Associates and Green Acres Stables, LLC from any liability whatsoever, including all manner of suits, actions, demands, and liabilities which may arise from this activity, in the event of injury or damage of any nature (or perhaps even death) to me or anyone else caused by or incidental to my electing to interact with, mount or ride a horse owned or operated by Family Focus, LLC and Associates and Green Acres Stables, LLC.

3. I understand, recognize and warrant that this Release and Hold Harmless Agreement is being voluntarily and intentionally signed and agreed to, and that in signing this Release and Hold Harmless Agreement I know and understand that this Release and Hold Harmless Agreement further limits the liability of all facilitators to include any activity, whatsoever, involving, or not involving an equine, including death, personal injury and/or damage to property, that occurs on the grounds of Green Acres Farm.

4. I voluntarily agree and warrant to Release and Hold Harmless this (these) equine professional(s) from any liability whatsoever, including, but not limited to, any incident caused by or related to said facilitator(s') negligence, relating to injuries known, unknown, or otherwise not herein disclosed; including, but not limited to, injuries, death or property damage from: walking; grooming; feeding; use of horse barn, paddock, trails or horse ring, in any capacity; or my failure to understand any facilitator(s') directions relating to my use and control, or lack thereof, of my horse or the horse(s) I have been assigned to.

5. I understand, recognize and warrant to Release and Hold Harmless Family Focus, LLC and Associates and Green Acres Stables, LLC and any and all contractors/employees/volunteers and shareholders from any liability whatsoever including, but not limited to, any and all injury that occurs while on the grounds of Green Acres Farm.

6. I understand, recognize and warrant, that anyone who accompanies me onto the grounds of Green Acres Farm is my responsibility to supervise. I understand, recognize and warrant that this Release and

Hold Harmless Agreement releases Family Focus, LLC and Associates and Green Acres Stables, LLC from liability in any form regarding anyone who may accompany me onto the grounds of Green Acres Farm.

7. I understand that Louisiana law statute 773.01 - 773.05 states: An equine activity sponsor, an equine professional, or any other person shall not be liable for an injury to or the death of a participant resulting from the inherent risks of equine activities and, except as provided in s. 773.03, no participant nor any participant's representative shall have any claim against or recover from any equine activity sponsor, equine professional, or any other person for injury, loss, damage, or death of the participant resulting from any of the inherent risks of equine activities. "Inherent risks of equine activities" means those dangers or conditions, which are an integral part of equine activities, including, but not limited to:

- The propensity of equines to behave in ways that may result in injury, harm, or death to persons on or around them.
- The unpredictability of an equine's reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals.
- Certain hazards such as surface and subsurface conditions.
- Collisions with other equines or objects.
- The potential of a 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 animal or not acting within his or her ability.

"Participant" means any person, whether amateur or professional, who engages in or any equine that participates in an equine activity, whether or not a fee is paid to participate in the equine activity.

I have read and agree with the information provided above.

Signature of participant and date
(if required)

Signature of parent/guardian and date

Photo/Video Release (optional)

I _____ hereby authorize Family Focus, LLC to publish photographs taken of me or my child _____ (if applicable) participating in Equine Facilitated Learning class(es). My name and my likeness may be used in Family Focus, LLC's print, online, and video marketing materials as well as other company publications.

I hereby release and hold harmless Family Focus, LLC from any reasonable expectation of privacy or confidentiality associated with the images specified above.

I further acknowledge that my (and/or my child's) participation is voluntary and that I (and/or my child) will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other company publications. I acknowledge and agree that publication of said photos/videos confers no rights of ownership or royalties whatsoever.

I hereby release Family Focus, LLC, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials from liability or any claims by me or any third party in connection with my (and/or my child's) participation.

Signature of participant and date
(if required)

Signature of parent/guardian and date