

First time clients must complete, sign, and bring the following files to your first visit.

JANET NICHOLAS, LPC LCDC EAP
Deviations, Inc. 26113 Oakridge Drive Suite C (Office)
The Woodlands TX 77380
713-882-4268 (W) 832-442-5766 (F)

TRAILS LESS TRAVELED

Equine Practice Address: 15 Ranch Creek Way Magnolia TX 77354

**DISCLOSURE AND CONSENT STATEMENT FOR EQUINE ASSISTED
PSYCHOTHERAPY**

This will serve as an introduction and address some of the questions you may have about my training and approach.

My name is Janet Nicholas. I am a licensed professional counselor, licensed chemical dependency counselor and EAGALA certified. I graduated from Sam Houston University with a Master's degree in clinical psychology and completed undergraduate studies at St Edward's University. Counseling has been my profession for approximately 20 years. I am a Christian but see many people from a variety of backgrounds and beliefs.

The majority of my practice consists of working with children age twelve through adolescence and with adults through the process of psychotherapy. Many clients see me due to a loss or they may be experiencing a crisis. Some people begin counseling because they want to live happier and more productive lives. Others want to address problems with relationships, and some enter therapy to gain assistance in dealing with a symptom or illness such as depression, anxiety or an addiction.

A primary commitment is to provide you with quality counseling services. However, no counselor can guarantee that counseling services will be effective for you. For you to achieve certain goals in Equine Assisted Psychotherapy (EAP) it is important that you are honest with yourself and your therapist. My desire is to assist you in reaching your goals. This can be accomplished through the process of EAP and the exploration of identifying behaviors that limit you and thought patterns that are unhealthy or destructive.

Equine Assisted Psychotherapy is a method of therapy that incorporates horses in a session and an equine specialist is present. My equine specialist works with me each session. Horses are unique creatures that can mirror our own patterns and behaviors. All work with horses is done on the ground. There is no riding involved. It is important to understand that EAP can bring up very deep emotional issues.

Confidentiality: All information disclosed within session and the written record pertaining to those sessions are confidential and may not be revealed to anyone without your written permission. This includes Janet Nicholas, MA LPC LCDC and any horse specialist or therapist. EAP is conducted at a private residence, therefore we cannot control all factors. However, we strive to keep all sessions confidential. The only times that this confidentiality may be broken include when there is reasonable suspicion of

child, dependent or elder abuse or neglect and if I believe that you are in danger of hurting yourself or someone else. In some cases, a court may order me to disclose certain information.

Litigation Limitation: Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceeding (such as, but not limited to, divorce and custody disputes, injuries, lawsuits, etc..) neither you nor your attorney's nor anyone else acting on your behalf will call Janet Nicholas to testify in court or at any other proceeding, no will a disclosure of the psychotherapy records be requested.

Payments: Sessions are 60 minutes and individual sessions are \$170.00. Family Sessions are \$190. Payments can be made by check, credit card ONLINE at www.janetnicholas.com under the online payment menu tab or under resources at www.trails-less-traveled.com. Payment **is due at the time of the session.**

Insurance: I am only on one insurance panel called Beacon, formerly Value Options. If you are on this plan you need to click on the insurance option on my website and send in your insurance information prior to your first equine session. All others not on this insurance plan will be given a receipt upon request, enabling you to file your own insurance claims. **Please note that many insurance companies will NOT pay for equine therapy services.**

Calls Between Sessions or Emergencies: Should you need to contact me between scheduled sessions, please call 713-882-4268. Calls are returned Monday through Thursday usually within 24 hours. If you are having a true emergency, you need to call 911 immediately for emergency assistance or go to your nearest hospital emergency facility.

The Therapy Process: Success in therapy depends to some degree on your desire for change and on your willingness to be honest with yourself and me. Awareness of need, willingness to talk, curiosity and openness will assist you in obtaining maximum benefit from our relationship. My professional code of ethics does not allow me or my horse professional to attend social gatherings with you, accept gifts, or accept goods or services in lieu of payment.

Please Initial. 48 HOUR CANCELLATION POLICY You will be charged for your session unless 48-hour notice is given. I am limited in how many clients I can see. The 48 hr-notice allows other patients to use your cancellation.

Client Name(Print)	Date	Signature
Parent Name if Minor (Print)	Date	Signature

Authorization for Emergency Medical Treatment

Name: _____ DOB: _____ Phone: _____

Address: _____

Physician's Name: _____ Medical Facility: _____

Health Insurance Co: _____ Policy#: _____

Allergies to Medications: _____

Current Medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, authorize Deviations, Inc

1. Secure and retain medical treatment and transportation if needed; and
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

Consent Plan

This authorization includes x-ray, surgery hospitalization, medication and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached,

Date: _____ Name _____ Signature _____

Client, Parent or Legal Guardian (Signed in the presence of program personnel)

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Date: _____ Name _____ Signature _____

Client, Parent or Legal Guardian (Signed in the presence of program personnel)

PARTICIPANT RELEASE AND INDEMNITY AGREEMENT

Participant _____ Telephone _____

Address _____ Cell Phone _____

City _____ State _____ ZIP _____

Warning:

UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FOR THE INHERENT RISKS OF EQUINE ACTIVITIES.

RELEASE AND INDEMNITY AGREEMENT

In order to participate in activities sponsored by Deviations, Inc. whether located on the property of Deviations, Inc. or elsewhere, the Undersigned agrees to the following:

I hereby RELEASE, WAIVE AND DISCHARGE, Deviations, Inc. and its representatives, contractors, Mickey or Donna Beddingfield, volunteers or employees from all liability, and any and all possible causes of action in law or in equity that may arise from an injury to me, my minor child, teen, minor child in my care or teen in my care.

I further agree to INDEMNIFY AND HOLD HARMLESS Deviations, Inc. and its representative, contractors, Mickey or Donna Beddingfield, volunteers or employees for damages, attorney fees and expense resulting from an injury to me, my minor child, teen or minor child or teen in my care.

I have read and understand the above release and indemnity agreement.

Signature of Participant _____ Date _____

_____ Date _____

Signature of Parent/Guardian(for participants 17 years of age and under