

# Trinity Equestrian Center's

Healing With Horses

## Informed Consent

I \_\_\_\_\_, believe that I have been given sufficiently specific, complete and accurate information about assessment, treatment and education services I may need as a client of this Program. I also believe I have been given enough time to study, discuss and understand this information so that I can make an informed decision regarding needed services.

The specific information about which I have been informed includes the following:

1. Benefits of proposed service(s)
2. The way services are to be administered
3. Expected or risks of side effects which are a reasonable possibility
4. Possible alternative modes of services
5. Possible and probable consequences of not receiving the proposed services as well as service noncompliance
6. Client rights and grievance procedures
7. Limits of confidentiality

I understand that in signing this Consent form that I am giving Program staff permission for services until \_\_\_\_\_, which is one (1) year from the date of signing.  
Date

I understand that I may withdraw my informed consent for services at any time, in writing.

I also understand that my consent to services ends at the time of termination of Program services to me.

Lastly, I understand that I must be given a copy of this consent document upon my request.

Therefore, I consent and give permission for services by the staff of the Trinity Equestrian Center's Healing With Horses Program.

**Financial information needs to be updated yearly or at the time of any change in your financial or insurance status.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Please check:     Parent    Guardian    Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Agency)