

# Trinity Equestrian Center's

## Healing With Horses Rights and Responsibilities

Welcome to the Trinity Equestrian Center's Healing With Horses Program. Services provided to you through the Program include treatment, education and support. These are accomplished through meetings between members of our core Program/Treatment team.

Please be aware that as a client your right to confidentiality will be protected. No one outside of the this treatment team will have access to information pertaining to you without your informed consent. In some cases this rule of confidentiality is set aside, by law and/or regulation of the Department of Health and Family Services. Some of these are:

1. In cases where the Court orders evaluation or treatment or orders us to surrender your case record.
2. Cases of child abuse and neglect may be reported to Protective Services.
3. A therapist is required to report if a client is dangerous to himself/herself or others and does not agree to appropriate treatment.

The Civil Rights Act of 1964 prohibits discriminatory practices in the provision of services by program receiving federal funds regardless of dollar amounts. In accordance with the Civil Rights Act no one will be denied services based on race, color, creed, national origin, sexual preference, or history of mental health treatment. You will not be discriminated against in receiving services and the Civil Rights Act upholds that right.

Meetings are arranged by special appointment between Program staff and family members. We expect appointments to be kept if at all possible.

Costs for Program services will be explained when you make out an application and are admitted for services. You are encouraged to keep current on your account if you are a private pay client. Each month bills are sent to all of our clients regarding their accounts.

After discharge you may be asked to fill out a client feedback form which assists us in determining the effectiveness of our services as well as identifying gaps in services.

**Treatment Rights - Every client has the right to:**

1. Receive prompt and adequate treatment
2. Participate in their treatment planning
3. Be informed of their treatment and care
4. Refuse treatment and medications (unless court-ordered)
5. Be free from unnecessary or excessive medications

**Record Privacy and Access:**

1. Staff must keep client information confidential
2. Records cannot be released without client consent (with some exceptions)
3. Clients may see their records
4. Clients can always see records of their medications and health treatments
5. During treatment, access may be limited if the risks outweigh benefits
6. Clients may challenge the accuracy, completeness, timeliness or relevance of entries in their records.

**Treatment responsibilities you have:**

1. Attend all scheduled sessions.
2. If you must cancel or have decided to not return, please inform your Therapist or Social Worker at least one day prior to session, or sooner if possible.
3. Keep the Billing Clerk informed about your financial status and pay bills promptly.
4. Notify the Social Worker of any change of address, phone number, etc.
5. Be clear with your Therapist about the purpose of the sessions and the goals you have agreed to work on together. It is your responsibility to decline specific procedures or therapeutic requests if not wanted.
6. If you are on medication, please inform your physician.

Lastly, an Informed Consent form requiring your signature is also enclosed in the Intake packet. Before any services can be provided to you by the Program team members, you and/or your parent or guardian, if any, must sign this form. In doing so you are indicating that you have received sufficiently specific, complete and accurate information about Program services, enough time to study, discuss and understand this information and you are giving your permission for these services to be provided.

I have received and understand the orientation information about the In-Home Program.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature if required \_\_\_\_\_ Date \_\_\_\_\_