



7405 Third Line Rd., Kars, ON, K0A 2E0
613-489-5294

- INFORMED CONSENT & CONFIDENTIALITY STATEMENT -

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Client Name: _____ Date of Birth: _____

Parent(s)/Guardians(s): _____

General: At Tranquil Acres, equine facilitated therapy sessions are conducted with two professionals present at all times. One being an equine specialist, the other a mental health professional. In order to provide you, the client with the best possible service, we will from time to time consult with other professionals about certain aspects of our work together. During these consultations identifying information will be omitted in order to maintain your confidentiality.

If you have been referred through another professional, we can contact them to obtain additional information necessary to provide you with best possible services.

Confidentiality: The work that we do together is private and confidential. However, there are some limitations to confidentiality, which may occur under certain circumstances.

- Should I have concern that a child has been or is at risk of being abused, either physically or sexually, emotionally maltreated, or neglected (including a failure or inability of caregivers to follow through on services necessary to alleviate significant emotional or developmental difficulties), I am legally required to contact the Children's Aid Society.
- Should I have concern that someone is at risk for suicide or seriously threatens the safety of others, I have an ethical obligation, and legal permission, to disclose information to those who would help ensure safety (e.g., police).
- Should reports of our work be subpoenaed by a court of law, I am legally required to release the records to the court.
- Should you advise me about sexual abuse or harassment by a healthcare provider, who is a member of a regulated profession (e.g., physician, occupational therapist, psychologist), I would be legally required to report that healthcare provider's name to his/her College, although I will not reveal your name unless I receive written permission from you.
- If you choose to contact us through email, please be advised that email is not secure and it might not be read or responded to in a timely manner.



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Information sharing: I would need your written or verbal consent before I could share or receive information with other persons outside of Tranquil Acres Inc. and would discuss this with you in advance. If you have concerns about the improper collection, use, or disclosure of your/ your child's personal health information, please contact our privacy officer, Ryan Theriault at 613 489 5294.

Services: It is very important that you fully understand and agree with any services provided. You have been provided with a client information sheet outlining client rights with respect to personal health information and file access.

I encourage you to ask questions at anytime. If, at anytime you have concerns about our work together, please feel free to raise these with me. I would hope that we can discuss them in a way which resolves your concerns satisfactorily. We will attempt to work with you to improve or resolve the problems that have brought you here. However, we cannot offer a guarantee that we can solve all of your concerns. While you are getting service, you may discover something new and different about yourself, your child, and or your family that may change the way you currently understand the problems that brought you here.

I/we _____ give consent to Equine Facilitated Psychotherapy services for myself, my child and/or family.

Your signature on this form will indicate that this form has been reviewed with you, with opportunity to ask questions, and that you are willing to proceed with involvement with this service.

If at anytime you wish to withdraw from service you are free to do so. However, I would hope that we would have a chance to discuss any concerns that might prompt this. I look forward to our work together.

Client (12years or older) Signature Date: _____ 20____

Parent/ Guardian (print) _____ Signature: _____