



Participant's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Intake Date: \_\_\_\_\_

**Participant Rights & Informed Consent**

*PLEASE READ BELOW AND SIGN.  
THANK YOU!*

Therapy cannot be defined in simple terms. I understand it varies depending on the personalities of the therapist and the particular issues I bring forward. I understand, in order for therapy to be most successful, it calls for a very active effort on my part. Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. I understand this creates safety to take risks and provides the support to become empowered to change.

I understand that all information shared with the team at Honey Creek Counseling and Recovery Services, LLC is confidential and no information will be released without my consent. In all other circumstances, consent to release information is given through written authorization. I further understand there are specific and limited exceptions to this confidentiality: when a specific statutory exception applies or a duty to warn exists.

I understand that while psychotherapy and/or equine assisted psychotherapy, may provide significant benefits, it may also pose risks. Psychotherapy and Equine Assisted Psychotherapy may elicit uncomfortable thoughts and feelings, or may lead to the recall of troubling memories. However, the purpose of therapy is to alleviate the problems and symptoms I present. I further understand it is the therapist's responsibility to suggest alternative treatment modes and will assist in referrals when appropriate and necessary.

I understand that I have the right to withdraw informed consent at any time in writing. Otherwise this consent will be valid for 15 months.

If I have any questions regarding this consent form or about the services offered at Honey Creek Counseling and Recovery Services, LLC, I may discuss such with my team. Also available if requested, is a pamphlet explaining your rights and the grievance procedure. Please ask the team if you would like a copy.

***I have read the above information and have been notified of my rights and grievance procedure available to me. The team has also informed me of the cost of treatment. I hereby give my informed consent to receive treatment.***

\_\_\_\_\_ Date \_\_\_\_\_  
**CLIENT SIGNATURE**

\_\_\_\_\_ Date \_\_\_\_\_  
**GUARDIAN SIGNATURE** (if client is under 14 years of age)

\_\_\_\_\_ Date \_\_\_\_\_  
**THERAPIST SIGNATURE**