

# DIVINE INTERACTIONS EQUINE FACILITATED WELLNESS, LLC

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## Informed Consent/Services Agreement

Welcome to Divine Interactions Equine Facilitated Wellness, LLC! This document outlines the policies and guidelines we follow in our practice. Please make sure you read through this entire document and understand the terms.

In our first session, we will spend some time going through key points highlighted below to make sure we both have an understanding of how we can work together considering these terms. The below list is not a substitute for all policies included in the following pages.

We welcome any questions from you in our first meeting and *any time following*. We understand the paperwork portion can seem long and tedious but this will help us understand how best to serve you and help you know what to expect from your counselor.

**Confidentiality:** We have the utmost respect for your privacy and will keep all information about your treatment confidential unless one of the following occurs: 1) You give us permission to share specific information 2) We think you may harm yourself or someone else 3) We believe a child or dependent adult has been harmed or is at significant risk of being harmed or 4) As required by your insurance company for reimbursement or payment.

**Process of Counseling:** Counseling is not a treatment that can be predicted. However, one of the greatest predictors for “success” in counseling is connection with your counselor. Therefore, We encourage you to discuss any concerns along the way and we will let you know if we think we may not be the best fit for your needs.

**Appointments:** At the end of each session we will make sure to have the following session scheduled. All cancellations require 24-hour notice or you will be billed a “late cancellation/no show” fee.

*Please text 724-567-8988 to check in for your appointment upon arrival and remain in your vehicle or the lounge/waiting area. Please do not roam the property while waiting for your appointment for confidentiality and safety. NO SMOKING is permitted on the property while waiting for appointments or otherwise for safety purposes.*

**Communication:** The most secure form of communication is in person, or by phone or voicemail. If you need to reach us outside of your session time, we encourage you to call our office number. *Please let us know if you prefer to use text or email for communication regarding appointments.*

**Payment:** We require payment at the beginning of each session. You may pay via cash, check or credit card. We offer a secure, HIPAA compliant payment system called “Ivy Pay” exclusively for licensed counselors.

**Insurance:** If you have chosen to use your insurance to help pay for services, please be aware they may request information about your treatment and even deny services. If you lose coverage at any time, we will discuss the best possible options for you.

### **Statement of confidentiality**

Trust is an important aspect of the therapeutic relationship. Your confidentiality is our utmost concern for maintaining this trust. However, there are times when we are legally and ethically required to break confidentiality.

In such circumstances we only disclose the least amount of information necessary to meet our legal and ethical guidelines. If this occurs, and if it is safe for us to do so, we will inform you of any breaches of your confidentiality as soon as possible.

Below are situations in which we are required to release information to a necessary entity:

1. If we feel you may be a danger to yourself or to another identified person or persons
2. If we learn of suspected abuse of any child under the age of 18
3. If we learn of suspected abuse of any dependent/elder adult
4. If we receive a subpoena and/or court order by a judge

Please also note that if you choose to use your insurance for payment or reimbursement, your insurance company will be able to access your treatment records. More information on this is in the Insurance section.

### **Process of Counseling**

#### Scope of Practice

Shanna L. Aughenbaugh, MA, NCC, LPC, CCTP is a Licensed Professional Counselor and is governed by the Commonwealth of Pennsylvania State Board of Social Workers, Marriage and Family Therapists, and Professional Counselors. As professional counselors, our scope of practice is limited to therapeutic services and we are not medical professionals. Our priority is to ensure you receive the appropriate services and this means we may need to refer you to adjunctive or other services if we feel they may be necessary and they are outside of our scope of practice.

#### Risks and benefits of counseling:

We cannot guarantee that you will see improvement in your relationships or emotions as a result of our work together. Counseling requires multiple things in order to be considered "successful." These include involvement from you and a comfortable connection between the two of us, as well as clear expectations for what may be possible as a result of our work together.

We encourage you to discuss with us your goals, expectations and concerns at all points during our work together. We will continue to discuss how treatment is working for you throughout our time together and if at any time we feel that treating you may be detrimental then we will recommend we discontinue treatment and provide you with appropriate referrals.

There are times when counseling may bring up unexpected emotions or reactions to relationships. Some things we discuss may surprise you as you learn more about yourself and gain insight. It is possible that you may actually start to feel "worse" before feeling you have attained your goals. If that is the case, it's important we discuss these feelings along the way.

It is also possible that as a result of our work together, you may wish to adjust how you interact with people in your life. That may mean engaging in some relationships more or disconnecting from other relationships. It is important you discuss with me any concerns or trepidation about these things if they arise.

Course of treatment:

We will spend the first few sessions deciding if we are a good fit and determining your needs. We will identify your goals and revisit these goals throughout our work together, as we find these often change over time.

Once we mutually agree that your goals for treatment have been met we will determine an appropriate timeframe for ending our work together. Many clients prefer to do this slowly by reducing the number of sessions and some return periodically during stressful times later in life. Please know this process will be very transparent and we will work together to determine what is best for you.

### **Appointments**

Cancelled appointments:

All cancellations require 24 hour notice by phone or you will be billed a "late cancellation/no show" fee. We may choose to make exceptions for extenuating circumstances. We may also choose to hold the session over the phone/teletherapy instead of in the office, however please be aware of your insurance coverage for telehealth.

Missed appointments:

All missed appointments (no show, no cancellation) will be billed at the "late cancellation/no show" fee rate. If we have your credit card number on file, your credit card will be billed at the scheduled session time.

If we do not hear from you after a missed appointment and have reason for concern, we may reach out to your identified emergency contact to ensure your well-being.

Late appointments:

All sessions begin at the scheduled time and last 60 minutes. If you arrive late, we will meet until 60 minutes after your scheduled session time.

Please note that multiple missed/cancelled appointments and late arrivals may require us to discontinue treatment. In this circumstance, we will discuss with you in person or by phone how we should proceed.

### **Emergency Procedures**

If something were to happen to your counselor, our administrative assistant will contact you to discuss the situation and ensure you continue to receive services from another provider without significant interruption.

If you feel you are experiencing a life-threatening emergency, please call 911.

### **Communication**

Our main form of communication outside the office will be via phone. If you are distressed and feel the need to call us outside of our regular meeting time, please know that we are only available via phone from 9:00am-5:00pm Monday-Friday. We will return missed calls as soon as possible, within 2 business days or sooner. If you do not hear back from us within the required time, please contact the emergency number 911 or your county crisis hotline (for Westmoreland County 1-800-836-6010). Please take note that we are NOT a 24/7 emergency call service or mobile crisis unit. In the event of a medical emergency or emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance immediately

#### E - Mails:

Email is a popular, yet insecure form of communication. When you send an email it has the potential to be seen by many people prior to reaching its destination. For this reason, we will never discuss anything clinical with you via email and we ask you to refrain from doing so, as well. We also will never send you an email that contains extensive amounts of what is considered Personal Health Information (PHI). These include things such as social security number or health insurance member ID.

Email may be appropriate for communication regarding appointments, but please be aware the above warning still applies. If you would like to use email communication, please discuss with us. We do offer HIPAA compliant, encrypted e-mail service through Hushmail and strive to maintain the most secure systems possible, however no electronic communications are ever guaranteed entirely secure.

#### Cell phones:

If you have a cell phone that provides alerts on your home screen, consider who may easily see notifications of your contact with us. This means how you enter our name(s) in your phone as a contact and which form of communication you would like to have with us (email, text, etc.). You may also choose to turn off certain notifications in your settings for increased privacy.

#### Texting:

Texting uses similar communication as email and is also, therefore, not entirely secure. For this reason, we will never discuss anything clinical with you via text and we ask you to refrain from doing so, as well. We also will never send you a text message that contains extensive amounts of what is considered Personal Health Information (PHI). These include things such as social security number or health insurance member ID.

Texting may be appropriate for communication regarding appointments, but please be aware the above warning still applies. If you would like to use texting, please discuss with us. We do offer a HIPAA compliant platform, RingRx created for healthcare providers and strive to maintain the most secure systems possible.

#### **Social Media**

We maintain social media accounts for our practice. These accounts serve to promote our services and offer encouragement and resources. They are not a substitute for treatment by a licensed mental health professional and nothing shared should be interpreted as a personal message.

We do not interact with clients via social media. We also do not expect you to follow any of our accounts based on our work together. If you choose to follow one of our accounts and do reach out to us via that method, we will discuss that further in our next session. We may remove your communication/comment/message from our account if we feel it violates your confidentiality.

#### **Payment**

We accept cash, check or credit card as payment for services. We will bill your credit card at the time of services. You may receive a receipt for your payments upon request. We provide receipts on a case by case basis, depending on your preference. Ivy Pay will automatically send you a receipt via text when you opt in to use this service.

By signing below you acknowledge that your credit card will be charged for each session on the date of the session, unless previously cancelled within 24 hours of your scheduled session. You also acknowledge you will update your credit card information with our office as needed.

**Client Signature:** \_\_\_\_\_

### **Insurance Reimbursement**

Shanna L. Aughenbaugh, MA, NCC, LPC, CCTP an in-network provider with commercial UPMC, Highmark, Optum/United Behavioral Health, Aetna, and Cigna, with the exception of Medicaid and Medicare plans. If you choose to use one of these insurances but your status changes, it is your responsibility to inform us as soon as possible so we can discuss any possible changes to your payment process. If you switch to a company with whom we are not in-network we will establish the best possible treatment plan for you, which may include referring you to another in-network provider.

When you choose to allow your insurance company to contribute payment to your treatment, you do allow them access to your clinical records. We will be required to provide you with a diagnosis and share that diagnosis with the insurance company. We will also be required to follow a treatment plan that relates to that diagnosis. Your insurance company may choose to deny or modify your treatment, based on their medical necessity criteria.

Some insurance companies will reimburse you for costs related to attending counseling, even if your provider is not in-network with them. If you would like to seek reimbursement with your insurance company we will provide you with a monthly statement of fees paid and services provided. Please note that when you choose to allow your insurance company to contribute payment to your treatment you do allow them access to your clinical records.

If you plan to use insurance to help pay for your services, please bring your newest insurance card to your first appointment, and bring your newest card if your coverage changes at any time to your next appointment.

### **Court Policy**

Please be advised that we do not participate in person, by phone or in writing in any court related matter that you may be a party to or become a party to in any way. We do not write letters regarding your treatment to any court entity. At no time will we offer an opinion or recommendation in any court matter, especially as it relates to custody.

If a subpoena and/or court order is served and is requesting that we be present in person and/or there is a request for records, we will request your consent before turning over confidential information. We will discuss with you exactly what has been requested by court and there is no guarantee that the information will be kept confidential. This information includes mental health history, current status and inclusive records and may not be in your best interest. The counselor-client relationship does not render your counselor as your advocate. We will withhold any opportunity to engage in a dual relationship in this way.

### **Consultation Disclosure**

There are times when we consult with other licensed mental health professionals about our cases. During these discussions, we make sure to disclose as little information as possible in

order to protect your confidentiality. If we feel there is an instance when consultation may require more information and may be helpful for our work together, we will talk with you beforehand about how to proceed.

### **Collateral Involvement**

At times it is helpful to involve important people in your life in our work together. If this is something that we both feel may be helpful, we will discuss how much information you may be comfortable disclosing and in what way. We will never speak with any of your family members about your treatment, or even confirm whether or not you are our client, without first having your written consent. One exception may be if we are concerned about your safety.

### **Medical Records and Your Right to Review Them**

As a mental health professional, your counselor will keep records about your work together. This includes notes on sessions, meetings, phone calls and any other communication with or about you. Unless we feel it would be significantly harmful to you, you are able to access your records at any time.

We will require 2 business days of notice prior to allowing you to view your records. If you would like a copy of your records, we require 5 business days of notice and will charge a fee of \$1.00 per page. Oftentimes, clients request copies of records with the intent of securing a treatment summary for an outside entity. If that is the case, we are happy to provide such a summary for \$100 fee and with your written consent. This is often preferable to giving someone access to your entire treatment record. If this is related to a court matter, please see the Court Policy above.

### **Governing Body**

Shanna L. Aughenbaugh, MA, NCC, LPC, CCTP is a licensed professional counselor and governed by the Commonwealth of Pennsylvania State Board of Social Workers, Marriage and Family Therapists, and Professional Counselors. You may reach the Board at the contact information below:

State Board of Social Workers, Marriage and Family Therapists and Professional Counselors  
P.O. Box 2649  
Harrisburg, PA 17105-2649  
Phone: (717) 783-1389  
Fax: (717) 787-7769  
E-mail: [ST-SOCIALWORK@PA.GOV](mailto:ST-SOCIALWORK@PA.GOV)

### **Teletherapy**

Shanna L. Aughenbaugh, MA, NCC, LPC, CCTP also provides teletherapy for clients who choose to opt in to this service. Please note telehealth coverage varies by insurance plan so please ensure you have verified coverage for teletherapy prior to scheduling teletherapy appointments.

I [REDACTED], consent to engaging in telehealth services with Divine Interactions Equine Facilitated Wellness, LLC as a part of the counseling/therapy process and my treatment goals. I understand that telehealth counseling/psychotherapy may include mental health evaluation, assessment, consultation, treatment planning, and counseling/therapy. Telehealth will occur primarily through interactive messaging, audio, video, telephone and/or other audio/video communications via RingRx (a HIPAA compliant phone system utilized by my provider) and Psychology Today "Sessions", and

Bilateral Base (HIPAA compliant teletherapy platforms utilized by my provider I can access via a secure link on my smartphone and/or computer).

I understand I have the following rights with respect to telehealth:

- 1) I have the right to withhold or remove consent at any time without affecting my right to future care or treatment, nor endangering the loss or withdrawal of any program benefits to which I would otherwise be eligible.
- 2) The laws that protect the confidentiality of my personal information also apply to telehealth. As such, I understand that the information released by me during the course of my sessions is generally confidential. There are both mandatory and permissive exceptions to confidentiality including but not limited to reporting child and vulnerable adult abuse, expressed imminent harm to oneself or others, or as a part of legal proceedings where information is requested by a court of law. I also understand that the dissemination of any personally identifiable images or information from the telehealth interaction to other entities shall not occur without my written consent.
- 3) I understand that there are risks and consequences from telehealth including but not limited to, the possibility, despite reasonable efforts on the part of Divine Interactions Equine Facilitated Wellness, LLC that: the transmission of my personal information could be disrupted or distorted by technical failures and/or the transmission of my personal information could be interrupted by unauthorized persons.

In addition, I understand that telehealth-based services and care may not be as complete and thorough as in-person services. I understand that if my counselor/therapist believes I would be better served by other interventions I will be referred to other services and/or service providers as needed. I also understand that there are potential risks and benefits associated with any form of mental health treatment, and that despite my efforts and efforts of my counselor/therapist, my condition may not improve, or may have the potential to get worse.

4) I understand that telehealth services may or may not be covered by my insurance, regardless of my in-person services coverage and that it is my responsibility to investigate my telehealth services coverage with my insurance company prior to receiving telehealth services. I understand that I will be financially responsible for any out-of-pocket cost for telehealth services not covered/reimbursed by my insurance company.

5) I understand that I may benefit from telehealth services, but that results cannot be guaranteed or assured. I understand that the use of RingRx, Bilateral Base, and Psychology Today "Sessions", while HIPAA compliant are technology dependent and therefore not 100% secure and may have issues with Wi-Fi connectivity. All attempts to keep information confidential while using these systems will be made but a guarantee of 100% confidentiality cannot be made with inherent issues with these communication systems. Signing this form shows an awareness of these issues and a decision by this client to use these systems for telehealth services. I will not hold Divine Interactions Equine Facilitated Wellness, LLC or its staff liable for gathering or use of client information by these service providers.

6) I understand I have the right to access my personal information and copies of information contained within my client chart. I have read and understand the information provided above. I have discussed these points with my counselor/therapist, and all of my questions regarding the above matters have been answered to my approval.

7) By signing this document, I agree that certain situations including emergencies and crises are inappropriate for phone/audio/video/computer-based counseling/psychotherapy services. If I am in crisis or in an emergency, I should immediately call 911 or go to the nearest hospital or crisis facility. By signing this document, I understand that crisis/emergency situations may include thoughts about hurting or harming myself or others, having uncontrolled psychotic symptoms, if I am in a life threatening or crisis/emergency situation, and/or if I am abusing drugs or alcohol and are not safe. By signing this document, I acknowledge I have been told that if I feel suicidal, I am to call 911, local county crisis agencies (for Westmoreland County 1-800-836-6010) or the National Suicide Prevention Lifeline at 1-800-273-8255.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Equine Assisted Psychotherapy (EAP) & Equine-Assisted EMDR (EA-EMDR)**

Divine Interactions Equine Facilitated Wellness, LLC offers both traditional outpatient counseling and equine-assisted psychotherapy to those who choose to opt in to this optional adjunctive service!

Equine assisted psychotherapy (EAP) provides a unique experiential therapeutic experience during which you will interact directly and indirectly with horses and engage in activities which will elicit metaphors to help you find solutions to current problems in your life. EAP requires the presence of a horse professional to co-facilitate your sessions to promote the overall safety and well-being of both horses and humans involved. ***Please note this will incur an additional service charge of \$40.00 for the horse professional which is separate from your co-pay (not reimbursable by insurance companies), payable by cash, check made payable to "Boeser Equine, LLC", or credit card, due at each session.***

#### Equine Assisted Psychotherapy Guidelines

1. In order to participate in an equine therapy session you must be wearing closed toed shoes (boots, sneakers); open toed shoes are not permitted (flip flops, sandals).
2. Anyone participating in mounted activities under the age of 18 MUST wear an approved riding helmet which will be provided by session facilitators.
3. Please ensure that you are wearing clothing that is appropriate for the weather and that you are comfortable with getting dirty.
4. In order to ensure you and/or your child's confidentiality we ask that anyone who is at the barn not participating in the session to please wait outside of the treatment area.
5. Parents are required to stay on grounds during equine therapy sessions.
6. Entry to the barn and/or indoor arena is not permitted unless you and/or your child is accompanied by their session facilitator(s).
7. For your safety and the safety of the therapists and horses: no running, screaming, or throwing objects in or around the barn area.
8. Children not participating in an equine therapy session must be supervised by their parent or guardian at all times. IF possible, please leave other children at home.
9. No feeding any of the horses on the property without direct permission and accompaniment of your session facilitator(s).
10. Jewelry, cell phones, and other valuables are NOT recommended to be brought into the arena and DIEFW and Boeser Equine are not held responsible for any damages that may occur to these items.



11. Please refrain from bringing any pets with the exception of emotional support and service animals for their safety. Dogs must be kept on a leash at all times and we recommend that you bring someone with you to be responsible for your pet while you participate in the hands on exercise portion of the session.
12. The stable is also a boarding facility, therefore despite our best efforts to schedule sessions during days and times that are not busy, boarders and other individuals may occasionally be present either riding their horse or working at the stable during sessions.

All guidelines are put into place to keep all humans and horses safe. If you and/or your child are not following these rules you will be asked to leave the farm immediately for your safety and the safety of our horses. Please be advised that if you and/or your child are asked to leave due to not following the guidelines, future equine therapy sessions are subject to being terminated.

### **Canine Assisted Therapy**

We are an animal friendly office and also incorporate canine assisted therapy with our own therapy dog at times in the office setting. If you have any allergies or concerns regarding this, please let us know as soon as possible so we can see if we can accommodate. You are permitted to bring your own emotional support and/or service animal to your office appointments permitted that they have an appropriate temperament, are up to date on their vaccinations, and you can provide documentation if needed. Please discuss this with your counselor prior to your appointment if you plan to do so to ensure appropriate arrangements can be made.

I agree to the above listed terms and conditions for services. I acknowledge that I have read and understood these terms and that my counselor has reviewed them with me, allowing for questions and discussion.

Client Name (Printed): \_\_\_\_\_

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

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_