

# The Right Step

[www.rightsteptherapy.com](http://www.rightsteptherapy.com)

5600 Katz Road, Grass Lake, Michigan 49240

517.914.0800

## CONSENT FOR SERVICES

Client's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I hereby grant my permission for the above named individual to participate in *The Right Step therapy services LLC* (herein AKA: "**TRS**"). By signing this form, I acknowledge that I have been offered a copy of the Orientation Form, HIPAA privacy practices, Patient's Rights, and Safety Rules. It is the policy of **TRS** that no individual can be accepted as a client until this form is completed in its entirety. By initialing the following items, I acknowledge the policies of **TRS** and my responsibilities:

### Services Provided

In accordance with safety policies, the program can currently accommodate clients age 2 and up; riders under 180 pounds; those who have the ability to utilize our mounting steps (with assistance) or who can be lifted onto the horse (under 50 pounds); those who with assistance, can safely follow directions; and those who have been medically cleared by their physician to ride. Services include the therapist and/or horse professional and/or credentialed riding instructor, the therapy horse as indicated, and equipment. All clients are requested to provide an assistant to be available and capable of helping as needed. I understand the nature of the services I will receive and that I am responsible for procuring a physician prescription and referral for evaluation and occupational therapy services AND/ OR a physician's release for equine assisted activities. I understand the physician receives a copy of evaluations and the plan of treatment for the purpose of determining response to treatment and to demonstrate if further services are required.

\_\_\_\_\_ (initial here)

### Financial Responsibility

OT Evaluation – \$200 (limited 1 hour: fitting of therapy equipment, written report, treatment plan, goals)

OT Treatment – \$80 each 30 minute session (including therapy, consultation, and documentation)

Other rates vary based on extended evaluation or length/type of treatment session or type of equine assisted activity or home programming. For your convenience, **TRS** offers a pre-pay account adjustment available upon request and applicable when fees are paid prior to service. The current pre-pay discount is 25% off regular fees (subject to change).

My fee is \$ \_\_\_\_\_

If I choose to procure insurance reimbursement, I understand it is my responsibility to contact my insurance carrier to question and determine whether or not I have coverage for therapy services provided by **TRS**. **TRS** will bill your insurance company only when all proper insurance information is on record. After submission of claims, a balance will be carried awaiting insurance payment for a maximum of 45 days. After 45 days the account will be considered due by the client, parent, and/ or guardian. I understand that my deductible, co-payments and non-covered fees for services are due at the time therapy services are rendered.

**TRS** does not offering billing services for Blue Cross/ Blue Shield but will provide you with a Therapy Superbill in the event you wish to submit receipts for reimbursement. State of Michigan, CSHC, Medicaid, etc. insurance coverage is incomplete for OT provided in an outpatient setting, thus therapy must be paid on the date of service or if applicable, through [www.sponsorfund.org](http://www.sponsorfund.org).

\_\_\_\_\_ (initial here)

Leave message at 517.914.0800 and 517.522.5325

All involved in the program are encouraged **not** to attend in unsafe weather conditions and a phone call indicating your absence should be made to the therapist’s voice mail **(517) 914-0800**. A 24-hour notice is required for all other session cancellations. I understand cancellations without notice are charged the normal session fee and may result in the loss of my scheduled time slot. Cancellations called in with less than 24-hour notice result in a \$25 charge.

\_\_\_\_\_ **(initial here)**

**Media, Video, Film, & Photography Release**

I authorize **TRS** to record and photograph my image and/or voice and/or that of my child or ward for use by **TRS** or its assignees for analysis to improve and document treatment, in research, educational, and promotional programs. I understand and agree that these audio, video, film and/or print images may be edited, duplicated, distributed with or without charge, reproduced, broadcast and/or reformatted in any form and manner without payment of fees, in perpetuity.

**PERMISSION GIVEN:            YES            NO            (circle one)**

**Informed Consent and Release of Liability Agreement**

It is mutually understood that the liability release contained in this agreement shall constitute a waiver of liability beyond the provisions of the Michigan Equine Activity Liability Act, 1994 P.A. 351. **TRS** cannot outline all risks connected with services given: it is my responsibility to independently be aware of the inherent risks associated with equine activity.

**WARNING**

**Under the Michigan Equine Activity Liability Act [1994 P.A. 351], an equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine activity.**

The undersigned, individually or as parents and/or legal guardian for and in consideration of the agreement of **TRS** to provide equine assisted therapy, and/or occupational therapy including hippotherapy, and/or related activities, assume the risks and accept the consequences involved in the participation of the client and of myself and of any personal assistants/ volunteers provided by the undersigned and utilized by/ at **TRS**. I/we accept the responsibility for complying fully with all safety rules, regulations, and practices and I/we will consult with an authorized representative of **TRS** for advice in circumstances where safe practices are in doubt. I/we do hereby forever release, acquit, discharge and hold harmless **TRS**, it’s owners, staff, students, volunteers, affiliates, and any other individuals and/or organizations (“**TRS** inclusive”) for all manner of claims, demands, and damages of every kind and nature whatsoever we may now or in the future have against “**TRS** inclusive”, on account of any personal injuries, physical or mental condition, known or unknown, as a result of or in any way associated with or growing out of the acts of “**TRS** inclusive” that may result from participation in the program activities including but not limited to their negligence in rendering described services or in any way incidental thereto.

\_\_\_\_\_ **(initial here)**

We have read and fully understand this document. We acknowledge continued service is based on our responsibility to meet **TRS** policies. We grant consent to **TRS** to use and disclose protected health information for the purposes of treatment, payment and health care operations. The undersigned also certifies that they are duly authorized (client guardian) and can execute and accept the terms of this consent and release on behalf of the client.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/ Guardian/ Independent Adult Client (circle appropriate title)

Witness \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_