



Darryl R. Katzinger, Psy.D.
Licensed Clinical Psychologist
Pediatric Psychologist

3990 Clairmont Road
Atlanta, Ga 30341
404.909.9500

dr.darrylkatzinger@gmail.com
www.drdarrylkatzinger.com

Serving Children, Adolescents and Families



EQUINE ASSISTED PSYCHOTHERAPY

REGISTRATION

Client: _____

Date of Birth: _____ Age: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Emergency: _____

Parent or Legal Guardian Name(s): _____

School Attending: _____

Grade: _____

Court Involvement: _____

Social Worker or Probation Officer: _____

Other Agencies Involved:

DISCLOSURE AND CONSENT STATEMENT

The following is to inform you of the policies and therapeutic practices of Dr. Darnyl Katzinger and C2It, LLC. Please read this information carefully. If you have any questions, please feel free to discuss this with your therapist.

CLINICAL AND THERPIST INFORMATION

A primary commitment of Dr. Darnyl Katzinger is to provide you with quality therapeutic services. However, no therapist can guarantee that therapy services will be effective for you. This statement is intended to convey pertinent information regarding services, allowing you to make choices based on correct information. Your therapist has a doctoral level degree and works in partnership with a certified EAGALA horse professional. She is licensed by the state of Georgia as a clinical psychologist. She endeavors to maintain a high level of competence and adheres to professional, legal, and ethical standards. Equine-Assisted Psychotherapy is a team approach to therapy with a therapist, horse professional, and a horse. We seek to integrate the emotional, spiritual, physical, relational, and mental elements in the counseling process. A variety of techniques and approaches are used. If you have any further questions regarding your therapist's training or professional approach, please feel free to ask your therapist.

APPOINTMENT AND FEE POLICY

1. Fee for services is based on a sliding scale determined by financial need. Prices range as follows depending on services rendered:

Individual Rates: \$150-300

Group Rates: \$45-80 per participant

2. Dr. Katzinger is a participating provider on a limited number of insurance panels (Please ask for a list of insurance companies). For those whose insurance is not accepted, fees must be paid out of pocket. Most insurance companies have out-of-network benefits; however, it is your responsibility to contact your insurance company to determine your benefits. Typically a portion of the session fee will be covered using out-of-network benefits. The full fee is expected at the time of service and a receipt will be provided to you to submit to your insurance company for reimbursement. If we will be filing on your insurance, it is **IMPORTANT** that you realize we must assign a diagnosis, and that diagnosis will permanently be on your medical record. Payment is due at the time services are rendered.

3. If you are unable to keep your appointment, please give us a 24 hour notice so that we may utilize the time to assist someone else. Unless there is an extreme emergency, we will charge you ½ of your fee if a 4 hour notice is not given and the full fee for missed appointments with no notice. The fees are to be paid by the next appointment. I have read and understand the appointment and fee policy. _____ (initials).

CONFIDENTIALITY INFORMATION

1. Content obtained in the therapy sessions will be handled professionally and confidentially. This information will be used by your therapist and the horse professional for your therapeutic benefit. If for treatment purposes, we need information from another party, we will ask you to sign a Release of Information form.

2. To further maximize the benefit of therapy activities and to assess these benefits, you may be asked to complete a pre-test before starting therapy and post-test after completion of therapy. The data collected will be used to improve therapy services for others in the future and to provide data needed in grant applications. No personal information will be disclosed in these findings.

3. Confidentiality is forfeited for any of the following:

- a. If you pose serious physical danger to yourself or another person
- b. If you disclose that you or another person has physically or sexually abused or molested a child or an incompetent or disabled person.
- c. If you disclose that a child and/or a incompetent or disabled person is suffering from neglect.
- d. Defense of claims brought by a client against the therapist and/or the horse professional of C2It, LLC.
- e. Reporting to relevant agencies such as court and insurance companies as may be ordered by the Court system or for their party payment
- f. If you disclose that you have committed a crime.

If any of the situations explained in items “a through f” applies, immediate action must be taken. I have read and understand the Confidentiality Information above.

(initial) _____ (date) _____

CONSENT AND WAIVER OF LIABILITY

I, _____, hereby request that the client named above be accepted into the equine-assisted psychotherapy program offered by Dr. Darnyl Katzinger and C2It, LLC. I acknowledge that Dr. Katzinger has fully explained to me the scope of the equine assisted psychotherapy (EAP) program, including the potential for injury which can occur from interacting with horses. Likewise, I understand that the risks of therapy may include uncomfortable levels of unpleasant emotions and that individuals receiving therapy may feel worse, emotionally, before they begin to feel better. The undersigned assumes the unavoidable risks inherent to all horse-related activities, including but not limited to bodily injury and physical harm to horse and participant. In consideration, therefore, for the privilege of participating in activities around horses with Dr. Darnyl Katzinger, _____, the undersigned, does hereby agree to hold harmless and indemnify Dr. Katzinger and C2It, LLC, and further release them from any liability or responsibility for accident, damage, injury or illness to the undersigned or to any family member or spectator accompanying the undersigned on the premises.

WARNING: Under Georgia law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 12 of Title 4 of the Official Code of Georgia Annotated.

I have read this release.

Signature of Client Date

Signature of Parent or Guardian Date

Signature of Therapist Date

Signature of C2It, LLC Representative Date