

# Registration Form



CATALYSTFARM

## Patient Information

Name/Nickname: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_  
Onset: \_\_\_\_\_  
Precautions/Needs: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Mobility: Independent Ambulation? Y N Assisted Ambulation? Y N Wheelchair? Y N  
Referring Physician (if applicable): \_\_\_\_\_ Physician Phone #: \_\_\_\_\_  
Physician Address: \_\_\_\_\_

## Responsible Party (if applicable)

Mother's Name: _____	Father's Name: _____
Address, if different: _____	Address, if different: _____
Phone #: _____ home cell work	Phone #: _____ home cell work
Alt. Phone #: _____ home cell work	Alt. Phone #: _____ home cell work
Email Address: _____	Email Address: _____

## Insurance

Self Pay (you may skip this section if Self-Pay)  Insurance

Name of Insured: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_  
Insured's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Insured's Address, if different: \_\_\_\_\_

### **Primary Insurance Policy**

Insurance Company: \_\_\_\_\_ Provider Phone Number (on back of card) \_\_\_\_\_  
Deductible? Y N Co-Pay? Y N If yes, amount: \_\_\_\_\_  
Identification Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

### **Secondary Insurance Policy**

Insurance Company: \_\_\_\_\_ Provider Phone Number (on back of card) \_\_\_\_\_  
Identification Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

# Authorization for Emergency Medical Treatment

Patient's Name: \_\_\_\_\_

Preferred Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

Current Medications: \_\_\_\_\_

In the event of an emergency, contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, and the above cannot be reached, I authorize Catalyst Farm to:

1. Secure and retain medical treatment and transportation, if needed
2. Release participant records upon request to the authorized individual or agency involved in medical emergency treatment.

## CONSENT PLAN

This authorization includes x-rays, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is/are unable to be reached.

Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Patient or Parent/Legal Guardian

## NON-CONSENT PLAN

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. In the event that emergency treatment/aid is required, I wish the following procedure take place:

Non-Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Patient or Parent/Legal Guardian



## Acknowledgement of Public Setting

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CATALYSTFARM

Your privacy is of the utmost importance to us here at Catalyst Farm. Your Protected Health Information (PHI) will only be shared with the appropriate personnel (including, but not limited to, therapists, office staff and volunteers) in order to best serve their needs during sessions.

It is important to note that Catalyst Farm is located on public property and that visitors may be present during your child's therapy session. Your PHI will never be shared with these visitors, though they may see you participating in a session.

I acknowledge that Catalyst Farm is located on public property. I understand that, while my PHI will be kept confidential, visitors of the farm may be present on the property during therapy sessions.

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Print Name of Parent/Guardian



## Client Policies and Procedures

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### Payment Policy

Payment is required at the start of each session. If payment is forgotten, client may request to have an invoice emailed to them, which should be paid upon receipt. If invoice is left unpaid for more than one week or if more than one session is unpaid, client sessions will be cancelled.

Insurance Billing: When billing insurance, patient is responsible for payment of services not covered by their insurance plan. We make our best effort to ascertain what services will and will not be covered prior to starting treatment.

Payment Methods: We accept all major credit cards, checks and cash. Credit card payments may be made in person, over the phone or via Square online payment.

### Conduct of Participants

We understand that some of our clients are working on learning appropriate social interactions and we are prepared to work through behavioral issues when necessary. Violence towards therapists, other patients, staff, volunteers, or animals may result in discharge from our program.

### Cancellation of Appointment

We understand all too well that life sometimes gets in the way of appointments. We ask that you please notify us as soon as you know you cannot make your appointment. There is no cancellation fee.

### No Show

In the event of a “no show” for a scheduled therapy session, the client will be provided with an invoice for \$50 to be paid upon receipt.

### Weather Related Cancellations

Summer: For the safety of our horses, Hippotherapy sessions will be cancelled when the heat index is 90 degrees or higher. A farm-based or traditional session will be held in it's place.

Winter: If road conditions are such that it is unsafe to drive, sessions will be cancelled. You will receive a call or text message alerting you to the cancellation.

**Please note,** we have heated indoor treatment spaces. Therefore, sessions are not cancelled due to low temperatures. However, if the outside temperature is too cold to produce a beneficial effect from therapy (for example, causes increased muscle tone), sessions will be held in our indoor clinic space with limited time in barn, if any.

Please let us know if you have any questions or concerns regarding these policies.

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Patient Signature

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Date

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Parent/Guardian Signature

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Date

# Patient Consent Form



CATALYSTFARM

## Patient Consent for Use and Disclosure of Protected Health Information

I hereby give my consent for Catalyst Farm, LLC to use and disclose protected health information (PHI) about me to carry out treatment, payment and health care operations (TPO). Details about how this information may be used can be found in our Notice of Privacy Practice document.

By signing this form, I understand that:

- Protected Health Information (PHI) may be disclosed or used for treatment, payment or healthcare operation.
- The practice reserves the right to change the privacy policy as allowed by law.
- The practice may condition receipt of treatment upon execution of this consent.

May we leave a message on your answering machine regarding your appointments?

Cell Phone:           yes     no  
Home Phone:         yes     no

May we email your specified email address with your PHI, including assessment results and appointment details?                   yes     no

May we discuss your child's PHI with other members of your family?

yes     no

If yes, please list below:

\_\_\_\_\_  
Name/Relationship

\_\_\_\_\_  
Name/Relationship

\_\_\_\_\_  
Name/Relationship

\_\_\_\_\_  
Name/Relationship

\_\_\_\_\_  
Name/Relationship

\_\_\_\_\_  
Name/Relationship

\_\_\_\_\_  
Print Name of Patient

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient

# Acknowledgement of Receipt of Notice of Privacy Practices



CATALYSTFARM

Patient Name: \_\_\_\_\_

I hereby acknowledge that I have been provided a copy of Catalyst Farm's Notice of Privacy Practices (available at clinic and online at [www.catalystfarm.com](http://www.catalystfarm.com)).

I understand that I am not required to sign this for in order to receive services from Catalyst Farm, LLC

_____ Signature of Patient or Legal Representative	_____ Date
_____ Printed Name of Patient's Representative	_____ Relationship to Patient

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FOR OFFICE USE ONLY

We attempted to obtain written acknowledgment of receipt of our Notice of Privacy Practices on the following date, \_\_\_\_\_, but acknowledgement could not be obtained due to:

- Patient/representative refused to sign
- Communication barriers prohibited obtaining acknowledgement (Explain)

\_\_\_\_ Other (Specify)



## LIABILITY RELEASE FORM

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*This form must be completed by and for each party wishing for access to the premises*

This Form is executed by the undersigned in favor of the Catalyst Farm, LLC, an Ohio limited liability company (the “Catalyst Farm”), whose business address is at 1021 Ridgewood Road Wadsworth, Ohio 44281 (the “Premises”).

Catalyst Farm operates a farm based therapy practice, which may include an interactive animal experience and activities on horseback, on the Premises and maintains the Premises in its natural condition, as affected by activities thereon.

Because of the inherent and natural risk of harm that may occur to an individual in close proximity to animals (including horses) and their habitat, Catalyst Farm restricts access to the Premises to its agents and customers.

The undersigned desires access to the Premises for one or more commercial or personal purposes and understands that Catalyst Farm would not permit such access without the undersigned’s acknowledgment of such risks and agreeing to release Catalyst Farm from such risk.

PLEASE READ CAREFULLY BEFORE SIGNING

SERIOUS INJURY MAY RESULT FROM A PERSON’S ACCESS TO THE PREMISES AND CATALYST FARM IS NOT RESPONSIBLE FOR AND DOES NOT GUARANTEE ANY PERSON’S SAFETY ON THE PREMISES. THE UNDERSIGNED HEREBY ACKNOWLEDGES AND AGREES THAT:

- A. The undersigned hereby voluntarily requests access to the Premises.
- B. This agreement shall be legally binding upon the undersigned and its heirs, estate, assigns, successors, agents, guests and invitees and shall be governed and interpreted according to the laws of Medina County, Ohio.
- C. Horseback riding is classified as RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY and that there are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions. According to NEISS (National Electronic Injury Surveillance Systems of United States Consumer Products) horse activities rank 64<sup>th</sup> among the activities of people relative to injuries that result in a stay at U.S. hospitals. Related injuries can be severe, requiring more hospital days and resulting in more lasting residual effects than injuries in other activities.
- D. No horse is a completely safe horse. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a rider falls from a horse to ground it will generally be at a distance of from 31/2 to 51/2 feet, and the impact may result in injury to the rider. Horseback riding is the only sport where on much smaller, weaker predator animal (human) tires to impose its will on and become on unit of movement with, another much larger, stronger prey animal with a mind of its own (horse) and each has a limited understanding of the other. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to: stopping short, changing directions or speed at will; shifting its weight; bucking; rearing; kicking; biting; or running from danger. No farm animal is completely safe and may also exhibit the above mentioned behaviors.



- E. For the benefit of the animals on the Premises, Catalyst Farm attempts to maintain the Premises in as much a natural condition as possible, as affected by activities occurring thereon.
- F. Catalyst Farm is NOT responsible for total or partial acts, occurrences, or elements of nature that can scare a horse or other farm animal, cause it to fall, or react in some other unsafe way. SOME EXAMPLES ARE: thunder, lightening, rain, wind, wild and domestic animals, insects, reptiles, which may walk, run, fly near, bite and/or sting a horse/farm animal or person; and irregular footing on out-of-door groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural and man-made changes in landscape.
- G. The undersigned has inspected the Premises and is satisfied that all conditions of the Premises are safe for its access thereto.
- H. Any medical treatment that results from the undersigned's access to the Premises shall be the undersigned sole responsibility.
- I. In consideration of Catalyst Farm allowing access to the Premises by the undersigned, the undersigned shall hold harmless, indemnify and hereby releases Catalyst Farm, its owners, agents, employees, officers, members, premises owners, insurers, and affiliated organizations from any claims arising out of the undersigned's access to the Premises.
- J. Under Ohio Revised Code Section 2305.321, it is expressly understood that the undersigned knowingly and voluntarily assumes any and all risks of harm or injury which are inherently involved in riding, working with, and being around farm animals, including horses. These risks include damage to personal property, illness, bodily injury, trauma or death that may result to a person from a fall while riding or being in close proximity to horses/farm animals. This Agreement extends to any harm or injury which a person may suffer from (1) their use of the property, facilities, equipment, tack and/or any horse/farm animal on the Premises, and (2) the risks of injury or damage which may be caused by, result from or be incidental to the person's engaging in any and all equine or horse/farm animal related activities while the person is on the Premises, or participating in any horse show, exhibition or clinic, or under supervision, direction or instruction by the Stable's owner, representatives, agents, instructors or employees.

This Assumption of Risk is intended and is understood to include, but not limited to each of the following inherent risks of harm:

1. The propensity of any horse/farm animal to behave in ways that may result in serious injury, death or loss to the rider or persons on or around the horse/farm animal;
2. The unpredictability or the reaction of any horse/farm animal to sounds, sudden movement, unfamiliar objects, persons or other animals;
3. Hazards, including but not limited to surface or subsurface conditions;
4. A collision with another horse, another animal, a person or an object;
5. The potential of a person who is engaged in any activity with a horse/farm animal to act in a negligent manner that may contribute to serious injury, death, or loss to the rider or to another person including but not limited to a person failing to maintain control over a horse/farm animal or failing to act within their actual or perceived ability to do so.

- K. Receiving therapy services at Catalyst Farm does not guarantee desired results.

SIGNER STATEMENT OF AWARENESS

I/WE, THE UNDERSIGNED, HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE AND ASSUMPTION OF RISK.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
DATE  
SIGNATURE (Parent must sign for rider 17 & under.)

\_\_\_\_\_  
for \_\_\_\_\_  
SIGNATURE OF PARENT, or GUARDIAN(Please Print name(s) of minors)

\_\_\_\_\_  
DATE

Address in full: \_\_\_\_\_  
\_\_\_\_\_

Home Phone #: \_\_\_\_\_ Bus. Phone # \_\_\_\_\_

Email: \_\_\_\_\_

**Photo Release**

I, \_\_\_\_\_, authorize and consent to the use of my visual image, as well as my family members listed below, by Catalyst Farm for appropriate purposes, including, but not limited to: still photography, videotape, electronic and print publications and websites. I give this consent with no claim for payment.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Phone Number (in case we need to contact you): \_\_\_\_\_