

3 Star Ranch Equine Assisted Psychotherapy for the Whole Family, PC

2400 W. Las Flores Ave.
Ridgecrest, CA 93555

Anita J. Walraven, MA, LMFT #MFC 40657
Licensed Marriage & Family Therapist

RANCH POLICIES

Anita Walraven, M.A. is a licensed Marriage and Family Therapist in the state of California. You agree to abide by and give attention to these Ranch Office Policies.

Please initial the following policies indicating that you understand and agree to the following policies:

_____ I agree to arrive at my scheduled session on time ONLY. I agree to not stop by the ranch at any other time unless first arranged with this clinician. Due to this being a private residence with no front office or lobby, I agree to respect the privacy of this clinician and her family and not “just drop by” to pick up forms, seek to schedule a session, etc. NOTE: there is no lobby, or secretary on site.

_____ I agree to maintain the confidentiality of other clients and myself by not arriving early for my scheduled appointment. Session will be 45 minutes. I will not arrive early and wait in my car. Due to the fact that there is no lobby, by this action I am helping to maintain the confidentiality of other clients and myself. NOTE: There is no waiting room.

_____ If my child or children are in a session, I will need to wait in my car or come back at the end of the session to pick my child(ren) up. Please make any other arrangement with this clinician prior to the start of the child(ren)’s session.

_____ A restroom is available for clients only during the scheduled session time. Since the restroom is attached to the home, it is not available for anyone other than the client(s). I am welcomed to use my session time to use the restroom if needed. I will arrive prepared to begin my session or use my session time to use the restroom. NOTE: Please do not arrive early with the expectation of using the restroom.

_____ Referrals are welcomed and if I would like to refer someone to this clinician, I agree to share the office telephone number ONLY. I will keep the office address private. This helps to protect the privacy of this clinician’s ranch and helps prevent others from stopping by without prior consent.

My signature below indicates that I agree to the terms outlined in this Home Office Policies.

SIGNATURE OF CLIENT: _____ DATE: _____

SIGNATURE OF PARENT, GUARDIAN OR

RESPONSIBLE PERSON (FOR MINORS): _____ DATE: _____

WITNESS: _____ DATE: _____