the Psychology Lab

your last therapist

Welcome to the Psychology Lab's

Mobile Equine Assisted Therapy Program

Welcome to The Psychology Lab's Equine Assisted Therapy Services!

We are a leading provider of equine assisted therapy services, bringing the healing power of horses directly to your location. Our team of experienced mental health professionals and trained horses work together to provide innovative and effective therapy that is tailored to your unique needs.

At The Psychology Lab, we believe that equine assisted therapy can be a transformative experience for individuals, couples, families, children, and groups. That's why we offer a range of services, including individual one to one time, group sessions, workshops, and team building activities.

Our team of licensed therapists and equine specialists are dedicated to creating a safe and supportive environment where clients can explore their emotions and develop the skills needed to overcome challenges and achieve their goals. Our innovative approach to therapy combines traditional counseling techniques with equine facilitated activities such as grooming, leading, and engaging in sensorimotor techniques, to help clients build trust, improve communication, and develop a deeper understanding of themselves and their relationships.

Studies have shown that equine assisted therapy can be an effective treatment for a range of mental health issues, including anxiety, depression, grief, loss, PTSD, addiction, and increased self-awareness. This is because horses have the ability to mirror human emotions and respond to nonverbal cues, providing clients with immediate and honest feedback. In addition, the act of caring for and working with horses can help people develop important life skills, such as empathy, responsibility, and self-confidence.

At The Psychology Lab, we understand that every person is unique, which is why we customize our therapy services to meet your specific needs and goals, and ways to enhance your current programming. Our equine assisted therapy services allow us to bring our expertise and resources to your location.

Experience the transformative power of equine assisted therapy from the comfort and convenience of your own location with The Psychology Lab, Equine Assisted Therapy Services. Contact us today to learn more and schedule your first appointment.

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Meet our Providers:

Breeanna Horton

MBA, MSW, LCSW

Breeanna is a licensed clinical social worker and clinical supervisor with over 10 years of experience in the mental health field; and currently owns The Psychology Lab where she provides therapy services to individuals, couples, and families.

Breeanna is passionate about helping people, and families achieve their goals and overcome challenges through the transformative power of mental health awareness. She has a deep understanding of the unique benefits that horses can bring to the therapy process, and is committed to creating a safe and supportive environment where clients can explore their emotions and develop important life skills.

With Breeanna's expertise and our innovative equine assisted therapy approach, we are confident that our clients will achieve meaningful and lasting results.

Amanda Tallman

LTMSW

Amanda graduated with her master's in social work at Arizona State University. She has worked with horses since she was young, and it was a natural transition for her to partner with horses to support clients from all different walks of life.

Amanda utilizes multiple methods including experiential, equine assisted, and trauma-informed practices. Amanda's experience as a cancer survivor, foster parent, and Army Veteran with an ostomy bag, provides understanding of the unique challenges families and individuals encounter. She is also dedicated to helping students who have been identified as gifted or twice exceptional with their social and emotional needs. Amanda has facilitated groups and spoken publicly about mental health challenges and the impact on individuals and families. She is a certified Adverse Childhood Experiences trainer and is dedicated to gaining a deeper understanding of the impacts of trauma, as well as the prevention and treatment of trauma on an individual and community level through partnership with horses.

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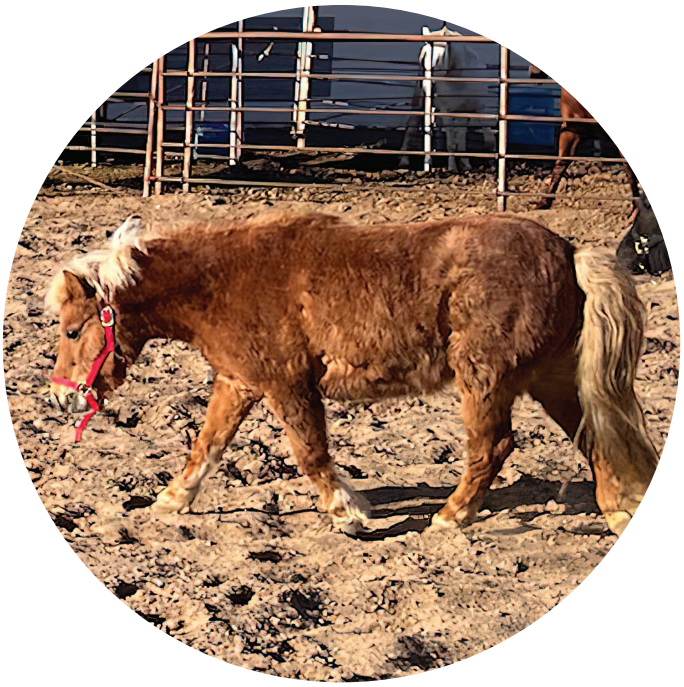
Meet our Horses:

Desmond
aka Desi



Hazel

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Example Sheet
Weekly Agenda Sample
2-hour Equine Group Therapy

Time	Activity
9:45 - 10:00 am	Arrive at facility 1. Link up with staff member. 2. Review Release Forms are signed. 3. Logistics – Check-in about the number of participants and how the activity will be conduct (depending on setting will depend how to engage with activity)
10:00 - 10:20 am	INTRO to our program 1. Brief Introductions and capture goal for the day 2. Review Group Agreements- Non-judgement &Take Space/Make Space 3. Safety Review- Horse(s) will be marked with cones and no one will be able to interact with horses until Safety talk is complete. 4. Explanation EAL - what it is and how it works for new participants
10:50 - 11:00 am	*Transition*- Clients will return to program and families or additional clients will engage with activity in designated area. Therapist will complete note during this time. *Steps 1-4 in the introduction will repeat for the next horse activity.
11:20 - 12:00 pm	*Horse Activity:* *This may or may not be the same as the previous activity.* *Target:* *This will depend on the activity*

Example topics of discussion:

- Mindfulness
- Bully Prevention
- Recovery and addiction
- Emotional self-awareness
- Emotional regulation
- Connection and confidence
- Automatic thoughts
- Auditory awareness
- Sensory awareness
- Grief and loss
- Holiday theme ideas
- Identity vs identity confusion
- Stages of life

Example of people who would benefit:

- People who have experienced trauma
- People with disability and special needs
- People and families who are grieving
- People who are struggling with depression
- People who are struggling with anxiety
- People who experience emotional dysregulation
- People who feel disconnected
- People who are struggling with addiction and recovery
- Veterans and first responders

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Price List

2-HOUR SESSIONS

WEEKLY SESSIONS	$450
BI-MONTHLY	$500
MONTHLY	$600
3-MONTH PACKAGE	SAVE $100

1-HOUR SESSIONS

WEEKLY	$275
BI-MONTHLY	$300
MONTHLY	$350

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INVOICE

8551 W Cherry Hills Dr
Peoria, Az 85345
Phone: 602.425.0030

TO:

INVOICE #

DATE:

		TERMS
		Due on receipt

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL

SUBTOTAL	
SALES TAX	
SHIPPING & HANDLING	
TOTAL DUE	

Make all checks payable to The Psychology Lab
If you have any questions concerning this invoice, please contact Breeanna Horton, 602.425.0030, or at connect@thepsychologylab.com

THANK YOU FOR YOUR BUSINESS!

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Horse Safety Checklist

✓	ITEM
	SAFETY • We will continuously monitor safety during today's program – our collective top priority is to keep everyone safe around the horses; that means all of us are responsible for everyone's safety and the safety of the horses • Please let us know if you ever have any questions about horse behavior • If we see something concerning, we will ask you to step away from the horses • We are going to share with you some "tools and techniques" you will need to work with the horses. We are going to demonstrate the natural way horses communicate with each other so that you can communicate with them • Horses communicate through body language • Wear closed toed shoes if possible
	WHAT ARE SOME AREAS AROUND A HORSE THAT YOU WILL WANT TO WATCH? • Back end / back legs • Feet • Mouth/Teeth • Ears • Tail • Head – thick/hard skull bones • Signs a horse under stress or under too much pressure are ears pinned back. • Signs a horse is accepting you low head, relaxed lip, and relaxed body posture.
	HOW TO APPROACH AND MOVE A HORSE • How the horse sees - Blind Spots • The Zones: Stop, Go & Relationship Zones
	EQUIPMENT & ENVIRONMENTAL ITEMS • Lead Rope tangled in horse's legs • Lead Rope wrapped around hands/fingers • When to let go of a lead rope • How to walk around a horse •Horses may be startled by unfamiliar items or noises: New equipment, fast movements, loud or unusual noises, cell phones
	ALSO, GOOD TO KNOW • "Horse Business": horses biting, kicking, etc. with each other when they are at liberty; this is how they communicate and manage their herd hierarchy. Do not get between horses who are engaging in "Horse Business." • Respectful human behavior: Soft eyes, no feeding, no mistreating the horses, etc.

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Sign In Sheet

SIGN IN SHEET			
Group Name:		Group Date:	
Facilitator:		Location:	

Printed Name:	Read rules/ safety Y/N	Consent Signed Y/N	Signature:

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GROUP NOTE

Date: _____ Time: _____

Location: _____ Number of people in group: _____

Group Topic:

Discussed Consent:

Discussed Safety:

Participation level:

General note information:

Plan and follow up:

8160 E Union Hills Dr B202 Glendale Az 85308
connect@thepsychology.com
www.thepsychologylab.com
Breeanna Horton, License Clinical Social Worker

Informed Consent to Treat for Inpatient Equine Assisted Therapy

To provide you with the best possible care, the following policies have been outlined for you. Read them carefully, and feel free to make a copy for yourself. Please sign below indicating your acknowledgment of the information and acceptance of the terms for treatment. Your current facility has contracted for these services. Participation is completely voluntary. All your facility's consent[s], policies, and procedures apply.

Equine Assisted Therapy

Equine Assisted Therapy includes a combination of experiences and activities with horses as well as talking about what those experiences mean to you. Horses are sentient beings, and are interested in relationships, provide feedback, and present opportunities to learn about yourself. Sometimes these activities are restricted to "on the ground" and sometimes includes riding (or driving or vaulting). Due to this being facilitated in an inpatient setting no riding or driving, or vaulting will commence.

This therapy will take place at current inpatient facility, where you are located. It is important to always wear closed toed shoes. Please make sure you are not yelling, or running up, or making and sudden movements around or near the animals. You are required to always follow staff instructions while around all animals.

Limitations and Risks to Psychoeducation group

Many individuals benefit and find relief from the process of psychoeducation. Given the nature of the group process, some risks do occur; You may experience some unwanted feelings or discomfort. Please keep in mind that you are encouraged and welcomed to bring up any concerns with your facilitator at any time, which can be reevaluated and adjusted as needed. You also have the right to decline or discontinue services at any time. You also have a right to your records and can request these through your facility.

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Confidentiality

Any information you provide, or records we maintain, are kept strictly confidential and comply with HIPAA regulations, please see your facilities documentation regarding this information for further details. Exclusions that specifically apply to the equine program:

Any other therapeutic riding instructors, volunteers, interns, or staff may need limited client information to provide for therapeutic effectiveness and/or safety.

Any staff or volunteers are trained and supervised regarding confidentiality.

Supervision notice:

Amanda Tallman TLMSW is under the Clinical Supervision of Breeanna Horton, LCSW.

Clinical supervision is provided to monitor and ensure protection of the public, quality clinical services, and to facilitate professional development and assess performance as a therapist. Given that, both Supervisor and Supervisee stay current and follow the regulations of the Arizona Board of Behavioral Health Examiners (www.azbbhe.us), as well as the most current American Association of Marriage and Family Therapy Code of Ethics (https://www.aamft.org/Legal_Ethics/Code_of_Ethics.aspx).

Should you need to contact the supervisor:

Supervisor is: Breeanna Horton LCSW, MBA, Owner

Email: connect@thepsychologylab.com

Phone: 602.425.0030

Please allow 48-72 business hours for a response. Should this be an immediate need please indicate that when reaching out.

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Breeanna Horton, License Clinical Social Worker

GROUP RULES:

Please note that there are group rules and that you will be required to know and uphold this while in session. Please see additional documentation for these rules. By signing this document, you are indicated you received and reviewed the group rules.

Safety

Safety for patients, staff, horses, and anyone else is of primary concern and The Psychology Lab is committed to operating in a manner consistent with that concern meet industry standards by EAL Academy. Nonetheless, there are limits inherent in any animal-assisted program.

Warning: Equine activity sponsor, or an equine professional is not liable for an injury to or death to participant in equine activities resulting from the inherent risk of equine activities.

Conditions of Nature: The Psychology Lab [and staff] are not responsible for partial acts, occurrences, or elements of nature that can scare a horse, cause it to fall or react in some unsafe way. Some examples are lightning, thunder, weather, wild or domestic animals, etc.

Liability Release Agreement & A. R. S. § 12-553

A. An equine owner or an agent of an equine owner who regardless of consideration allows another person to take control of an equine is not liable for an injury to or the death of the person if:

1. The person has taken control of the equine from the owner or agent when the injury or death occurs.
2. The person or the parent or legal guardian of the person if the person is under eighteen years of age has signed a release before taking control of the equine.
3. The owner or agent has properly installed suitable tack or equipment or the person has personally tacked the equine with tack the person owned, leased or borrowed. If the person has personally tacked the equine, the person assumes full responsibility for the suitability, installation, and condition of the tack.
4. The owner or agent assigns the person to a suitable equine based on a reasonable interpretation of the person's representation of his skills, health, and experience with and knowledge of equines.

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B. Subsection A does not apply to an equine owner or agent of the equine owner who is grossly negligent or commits willful, wanton or intentional acts or omissions.

C. An owner, lessor, or agent of any riding stable, rodeo ground, training or boarding stable or other private property that is used by a rider or handler of an equine with or without the owner's permission is not liable for injury to or death of the equine or the rider or handler.

D. Subsection C does not apply to an owner, lessor, or agent of any riding stable, rodeo ground, training or boarding stable or other private property that is used by a rider or handler of an equine if either of the following applies:

1. The owner, lessor or agent knows or should know that a hazardous condition exists, and the owner, lessor or agent fails to disclose the hazardous condition to a rider or handler of an equine.

2. The owner, lessor or agent is grossly negligent or commits willful, wanton or intentional acts or omissions.

E. As used in this section:

1. "Equine" means a horse, pony, mule, donkey, or ass.

2. "Release" means a document that a person signs before taking control of an equine from the owner or owner's agent and that acknowledges that the person is aware of the inherent risks associated with equine activities, is willing and able to accept full responsibility for his own safety and welfare and releases the equine owner or agent from liability unless the equine owner or agent is grossly negligent or commits willful, wanton or intentional acts or omissions.

You are assuming the risks and will not hold The Psychology Lab liable. You acknowledge the risks and potential risk of equine-assisted activities. You waive and release any damages and claims against The Psychology Lab, or staff employed by The Psychology Lab.

_____ _____

Patient/Participant Signature Date

AGREEMENT FOR PROVISION OF ANIMAL ASSISTED THERAPY SERVICES

This Agreement is made and entered into effective on date:_____ ,by and between_____ ("Facility") and The Psychology Lab DBA/The Love Lab PLLC, which is an Arizona Private practice outpatient therapy facility ("Provider").

Provider: The Psychology Lab [DBA]/ The Love Lab PLLC

Address: 8551 W Cherry Hills Dr, Peoria, Az 85345

Phone: 602.425.0030

Fax: 877.819.9027

Email: connect@thepsychologylab.com

Facility: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Agreement

Facility has a desire to contract with Provider to arrange services for but not limited to: community agencies, rehabs, group homes, schools, assisted living facilities, inpatient, outpatient, partial hospitalization, intensive outpatient and chemical dependency patients and behavioral health staff; and at identified locations of:_____

And WHEREAS, Facility desires to engage the services of Provider to perform the services required under Facility's contract. Provider agrees to be so engaged and to perform the duties and obligations set forth in this Agreement.

The parties agree as follows:

Responsibilities of Provider and Facility:

Services.

The Psychology Lab will provide a horse(s), accompanied by Master level staff. Staff will provide animal(s) and handler(s) when required. The experience with the horse(s) may require an additional person, the horse handler. This is to ensure the best safety possible for all involved. The animals provided can be a horse, dog, cat, and pig and may have a handler as well. Please note the therapist may also be the handler. At all times on or about Facility and while interacting with patients, Provider shall maintain control, supervision and care for all animals and said animals shall be under the supervision and control of its/their handler or staff.

2. Time.

This is what is agreed upon and will be set-aside by Provider to be at Facility.

2A. Hours:

2B. Day(s):

2C. Duration:

3. The Provider has licensed master level staff, as well as an identified horse handler. The provider may designate services at times in relace or addition to provider and may assign staff or horse handler to assist in the equine experience.

4. Facility will provide space at identified facility location. Horse experiences will be conducted in this identified area/location: _____.

Should weather be an issue, the session will be moved, canceled and/or rescheduled.

5. The Provider will conduct therapy with equine animals. This will ensure a broader experience to assist in the therapy being conducted at said Facility.

6. Facility will implement an equine consent in all patient files, for patients to review and sign prior to any services conducted by The Psychology Lab. Signature of patient is an agreement that patient understands all risks associated with interaction of horses and waives any rights to use The Psychology Lab and its associates. Please see Exhibit B.

7. Staff will follow assistance of the Provider.

8. Facility staff have an option for training sessions. The cost of these will be agreed upon through addendums to this Agreement.

7A. The said training will be identified facility:

7B. Cost of training per hour:

7C. Addendum will identify persons engaging in training as well as expectations.

Provider will allow for staff incentive and training programs to be provided onsite at Facility or at outside facilities. The cost for this will also be added as an additional cost through an addendum to this agreement.

9. Documentation of Services.

Provider will have a sign in sheet for every visit session and will complete a session note within 48 hours to document the visit. Sign in sheet and session note will be provided to the facility. It is facilities responsibility to ensure the documentation is secured in each patient's chart.

10. No Sanctions.

Provider warrants and represents that it has not been nor during this Agreement will not be sanctioned by any Health and Human Service Office of the Inspector General as set forth in the Cumulative Sanctions Report or excluded by the General Services Administration as set forth on the List of Excluded Providers.

11. Performance Standards.

In performing services under this Agreement, Provider agrees to:

(i)Use diligent efforts and professional skills and independent professional judgment.

(ii) Perform all professional and supervisory services in accordance with recognized standards of the profession.

(iii) Comply with the policies of Facility.

(iv) Provide Facility with a Release of Liability signed by each participant in the form set forth on [Exhibit A] attached hereto and incorporated herein.

(v)Comply with all applicable federal, state, and local requirements as well as HIPAA and TJC standards.

12. Insurance.

During the term of this Agreement and all renewals or extensions hereof, Provider shall obtain and maintain, at its expense, general liability insurance, in coverage amount standard for its industry and size of operation, but with coverage limits of and/or amounts no less than $1,000,000 per occurrence [claim] and $5,000,000 annual aggregate. Original Certificates of Insurance shall be furnished for inspection by Provider to Facility upon execution of this Agreement, before commencing with client treatment and annually thereafter. If at any time the insurance procured hereunder is provided on a claim made basis and the insurance is not renewed at the end of the policy term or if such a claim is made insurance, is terminated for any reason, Provider will procure optional extension period coverage ("tail coverage") to assure that insurance coverage in the required amounts is maintained for claims made at any time related to an occurrence during the term of this Agreement. Provider will immediately notify Facility in the event of any proposed cancellation, actual cancellation or change in coverage of Provider's liability insurance. Insurance is currently through policy holder:

13. Facility Employees.

Provider will not interfere with the relationship between the Facility and its employees. Provider will not alter the Facility policies with respect to personnel in any way.

14. Compensation

Payments to Provider:

1. The Equine Experience: $_____ an hour: equine-assisted therapist and experienced horse handler. This experience provides Equine Assisted learning master level staff member and horse handler for 1-15 clients/patients, and staff and provides support for facility staff therapists. Large and mini horses, as well as one dog.

2. The Travel Expense: 0.00 an hour for the travel of the horse(s) from place of departure to the site of Facility. This item may be re- negotiated later.

3. Invoicing. Provider will produce a weekly invoice based on the Provider's notation of services provided which is turned in weekly to Facility. Facility agrees to pay the Provider weekly.

4. 24 Hour cancellation is required with no charge. If Facility cancels services within [less than] the 24-hour window, there will be a 50% of the agreed charge of the hours booked. If staff of The Psychology Lab shows on site and the Facility cancels at that point there will be a 100% of the agreed charge of the hours booked.

15. Term and Termination

1. Term. This Agreement shall continue from the date first written above for a period of one (1) year and shall automatically renew at the end of the first year and for each subsequent year unless terminated sooner as provided herein.

2. Termination. This Agreement may be terminated as provided below in this paragraph:

2.1 Without Cause. In the event that either party wants to discontinue the working relationship there will be a requirement of a 30-day written notice and said termination will be at no cost, fee or penalty. Both parties are required to fulfill their prior and financial agreements up to and including the date of termination of this Agreement including the payment in full of all services through and including the date of termination.

2.2 For Cause. Facility may terminate this Agreement immediately upon notice to Provider in the event that:

(i) Provider dies or a majority of the members of the Board of Trustees of the Facility determines Provider is disabled to the extent that Provider is incapable of performing the services required by this Agreement. (ii) Provider fails to maintain insurance coverage as required by this Agreement; (iii) Provider is indicted for commission of a felony; (iv) Provider fails to provide the services required by this Agreement or to comply with any provision of this Agreement.

2.3 Business Interruption. If the operation of Facility is interrupted or discontinued for any reason for a period often (10) days or longer, then either party may terminate this Agreement upon written notice, at no cost, fee or penalty.

16. Miscellaneous

1. Independent Contractor Status. It is expressly acknowledged and understood by the parties that Provider is an "independent contractor", and that nothing in this Agreement is intended to, or shall be construed to, create an employee/employer relationship, a joint venture relationship, a partnership or a landlord/tenant relationship; provided always that the performance of services hereunder shall at all times be in accordance with the law and with the terms and conditions of this Agreement. Provider acknowledges that neither Provider nor any of Provider's employees or contractors shall be treated as employees of Facility for tax purposes or for purposes of Workers' Compensation coverage, and that Facility is not responsible for any required withholding or for the payment of any benefits to Provider or Provider's employees or contractors. Further, in the event the Internal Revenue Service or any other governmental entity should deem Provider or any of Provider's employees or contractors to be employees of Facility and require Facility to make payments on behalf of Provider or such employees or contractors, then Provider shall indemnify Facility for and against any such payments, penalties or interest paid by Facility.

2. Indemnity. Each party shall be responsible for its own acts and omissions and shall not be responsible for the acts and omissions of the other. Therefore, each party agrees to indemnify and hold the other party and its officers, directors, agents, and employees, as applicable, harmless from and against any claim, action, liability, and expense (including costs of judgments, settlements, court costs and reasonable attorneys' fees, regardless of the outcome of such claim or action) arising out of or related to any act or omission of the offending party or its officers, directors, agents or employees related to the performance of the services provided under this Agreement.

3. Nondiscrimination. The parties agree not to discriminate against any person on the basis of race, color, age, creed, religion, gender, sexual orientation, national origin, Vietnam or disabled veteran's status or physical handicap.

4. Case Records and Histories. All documents, case records, case histories and medical records concerning Facility patients shall become and remain the exclusive property of Facility.

5. Confidentiality of Facility Information. Provider understands and agrees that in connection with Provider's engagement by Facility, Provider may acquire competitively sensitive information which is neither known to nor ascertainable by persons not engaged by Facility and which may cause Facility to suffer competitively or economically if such information became known to persons outside of Facility. Such information may be in the form of trade secrets, or in the form of confidential information. Confidential information shall include, but not be limited to Facility's business and business development plans, patient, or supplier lists. Consequently, except as provided in this paragraph or otherwise required by law, Provider agrees not to directly or indirectly use or disclose to any individual or entity any Facility trade secret(s) at any time, if that information continues to be a Facility trade secret. Provider further agrees to maintain the confidentiality of any confidential information Provider acquires during Provider's engagement for the entire term of such engagement by Facility, and for as long as such information remains confidential. If required by Provider's duties under this Agreement and with the consent of Facility, Provider may disclose information relating to the operations of the Facility to members of the medical staff, state licensing agencies and The Joint Commission. Provider will not disclose information relating to the operations of the Facility to third-party reimbursement agencies (whether public or private) unless this Agreement, applicable statutes or regulations, or the terms of applicable agreements for reimbursement require disclosure.

Confidentiality of Patient Information. Provider agrees to protect to the fullest extent required by law the confidentiality of any patient information generated or received by Provider in connection with the performance of services hereunder. Provider specifically acknowledges that in receiving, storing, processing or otherwise handling records of Facility patients, Provider may be bound by federal laws governing addictive disease patients, including 42 C.F.R. Part 2. Provider agrees, if necessary, to resist in judicial proceeding any efforts to obtain access to patient records except as permitted by law. Provider shall further comply with all HIPAA regulations about the privacy of patient records. This paragraph and Provider's obligation to maintain the confidentiality of Facility patient information shall survive termination of this Agreement.

Federal Requirements for Maintenance of Documentation. For implementing Section 1861(v)(I)(I) of the Social Security Act as amended, and written regulations thereunder, Provider shall comply with the following requirements governing the maintenance of documentation to verify the cost of services rendered under this Agreement:

5.1 Unless otherwise required by law, if Provider is requested to disclose any books, documents or other records relevant to this Agreement for the purpose of audit or investigation, Provider shall notify Facility of the nature and scope of such requests and shall make available to Facility, upon request, copies of such documents and records which are the subject of any request.

5.2 Severability. The invalidity of any provision of this Agreement shall not affect the validity of any other provision.

17. Construction. The parties acknowledge that each party hereto has contributed to the drafting of this Agreement and that the rule of construction that an instrument shall be construed against the drafting party shall have no application to this Agreement.

18. Notices. All notices required under this Agreement are deemed effective on the date delivered personally or mailed by registered or certified mail, postage prepaid or one day after deposit with a recognized, reliable overnight delivery service, addressed as set forth below or to such other address as the parties may from time to time designate in writing to the corresponding party:

To Provider: The Psychology Lab

Breeanna Horton, LCSW

8551 W Cherry Hills Dr

Peoria, Az 85345

To Facility: _____

Attn:

Address:

19. Assignment. This Agreement or any obligation thereunder shall not be subcontracted or assigned except to an affiliate or purchaser of Facility.

20. No Inducement to Refer. No consideration under or in connection with this Agreement or otherwise between the parties contemplated, requires, or shall require either Provider's referral of any patient to Facility or the purchase or order of any items or services from the Facility or entity affiliated with Facility. The parties enter into this Agreement with the intent of conducting their relationship in full compliance with applicable federal, state, and local law, including the Medicare/Medicaid Anti-fraud and Abuse Amendments. The parties intend to comply with the Safe Harbor relating to personal service arrangements, set forth in 42 U.S.C. §1320a-7b and as set forth in the "safe harbor" regulations at 42 C.F.R. §1001.952.

21. Governing Law. This Agreement shall be governed by and construed under the laws of the State of Arizona.

22. Entire Agreement/Merger. This Agreement sets forth the entire agreement between the parties and supersedes all prior or contemporaneous agreements or understandings (whether oral or written), if any, between the parties with respect to the subject matter of this Agreement.

23. Waiver. Any waiver of a breach of this Agreement must be in writing and will not operate as a waiver of any subsequent breach. No delay in acting will be considered a waiver.

24. Amendment. This Agreement may be amended only in writing signed by both parties. To the extent that the law allows for the amendment of this Agreement orally, the parties hereto specifically acknowledge such right and hereby waive it.

25. Captions. All heading and caption used in this Agreement are for ease of reference and will not alter or affect the meaning of any provision of this Agreement.

26. Counterparts. This Agreement may be executed in counterparts, each of which will be deemed original, but all of which together shall constitute on and the same agreement.

IN WITNESS WHEREOF, Facility and Provider have executed this Agreement as of the date first written above.

Provider:

The Psychology Lab:

8551 W Cherry Hills Dr.

Peoria, Az 85345

By: Breeanna Horton, LCSW

EIN: 87-2332649

Facility:

_____

_____

_____

_____

_____

_____

Facility Signature

Date

_____

_____

Provider Signature

Date

the Psychology Lab
your last therapist

Evaluation Form

Date:

Location:

Name (optional):	**Date**						
Tell us about your experience:	**Not Useful 1**	**2**	**3**	**Somewhat Useful 4**	**5**	**6**	**Very Useful 7**
1. How effective was this experience in gaining insights about yourself and/or others?	❍	❍	❍	❍	❍	❍	❍
2. How valuable were the ideas and concepts to you?	❍	❍	❍	❍	❍	❍	❍
3. Duration: ❍ Too Short ❍ Just Right ❍ Too Long							
4. Pace: ❍ Too Short ❍ Just Right ❍ Too Long							
5. Facility:	❍	❍	❍	❍	❍	❍	❍
6. Overall assessment of the experience:	❍	❍	❍	❍	❍	❍	❍
7. What did you value MOST about this experience? What did you learn during this experience?							
8. What could be better next time?							
9. Constructive suggestions for the facilitators:							
10. What are you going to do differently or change as a result of this experience?							
11. In one sentence, how would you describe your overall impression of this program and the benefits you received?							
12. Would you recommend this experience to others?	❍	❍	❍	❍	❍	❍	❍
13. Additional comments:							