



Volunteer Application

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

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Experience is NOT required, but knowing your background will help ensure that we place you in an appropriate volunteer role. Describe experience, paid or volunteer, that you have in the following areas:

Horse care, handling, stable work, riding, training: \_\_\_\_\_

Therapeutic programs involving use of animals: \_\_\_\_\_

Working with persons with disabilities or mental health concerns: \_\_\_\_\_

Office work/computer skills: \_\_\_\_\_

Fund raising/public relations: \_\_\_\_\_

Other: \_\_\_\_\_

What is your area of interest as a volunteer for HORSE? Check all that apply.

Direct work with horses/stable care  Office or administrative support

Assist with therapeutic program  Fund raising, PR, community awareness

Other \_\_\_\_\_

We depend on our volunteers! Please let us know what your level of commitment to H.O.R.S.E. will be:

I am able to commit to \_\_\_\_\_ hours per  week  month starting \_\_\_\_\_

OR

I will be available occasionally for special events or to fill in as needed.

Days/times you are available: \_\_\_\_\_



Continuing of Application;

The following information is necessary in order for H.O.R.S.E. to ensure the wellbeing of all of our clients and volunteers.

If you decide to volunteer for H.O.R.S.E. it will be a requirement for H.O.R.S.E. to have a "Request For Child Abuse or Neglect/Criminal Record Report ran on your history.

Prior Criminal History if any:

Have you ever been arrested or convicted for a drug or alcohol violation? Yes \_\_\_ No \_\_\_

If yes please explain, list nature of offense, where and when it occurred, and the sentence imposed;\_\_

Have you ever been arrested or convicted for any other misdemeanor or felony?

Yes \_\_\_ No \_\_\_

If yes please explain, list nature of offense, where and when it occurred, and the sentence imposed;\_\_

Have you ever been investigated for a child abuse or neglect charge? Yes \_\_\_ No \_\_\_

If yes please explain, list nature of offense, where and when it occurred, and the sentence imposed;\_\_

Have you ever had a child abuse or neglect charge substantiated? Yes \_\_\_ No \_\_\_

If yes please explain, list nature of offense, where and when it occurred, and the sentence imposed;\_\_

Please read and sign

I declare that all statements and answers in this application are true and complete in all respects. I acknowledge and agree that any false statement, misleading answer, omission, concealment, or failure to answer any question fully, completely, and accurately will be grounds for not allowing me the opportunity to volunteer, or for dismissing me after I begin volunteer work.

\_\_\_\_\_  
Signature (sign in ink) Date

**THANK YOU FOR YOUR INTEREST IN SUPPORTING H.O.R.S.E.!**



**CONSENT TO PARTICIPATE/  
PARTICIPANT AGREEMENT, RELEASE &  
ACKNOWLEDGEMENT OF RISK**

I, \_\_\_\_\_, am agreeing to participate in equine growth and learning opportunities, through H.O.R.S.E. Inc. I have read all forms, releases and paperwork provided to me. This paperwork (hereinafter referred to as "the contract"), includes:

- 1) Consent to Participate Agreement
- 2) Participant Agreement, Release, and Acknowledgement of Risk
- 3) Activity Agreement
- 4) Authorization for Emergency Medical Treatment & Confidential Medical Info.
- 5) Video and Photograph Release
- 6) Summary of Notice of Privacy Practices
- 7) Notice of Privacy Practices (KEEP THESE (4) PAGES FOR YOUR INFORMATION)
- 8) Clothing List for Equine Activities (KEEP THIS PAGE FOR YOUR INFORMATION)

I agree that this contract shall be binding through out the scheduled term given by the court system/DJO/other authorities or by my own consent to agree to volunteer for community service with H.O.R.S.E. I agree that I have read, reviewed and understand the State of Missouri's Equine Activity Liability Act Warning, which states:

**MISSOURI WARNING**

**UNDER MISSOURI LAW, AN 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 THE REVISED STATUTES OF MISSOURI, RSMO 537.325.**

I/We understand that for the purpose of these activities, H.O.R.S.E. employees and/or contractors are considered agents of the organization and shall be considered "equine professionals" directed under the guidance of a lead equine professional. Any and all volunteers acting in H.O.R.S.E.'s behalf facilitating activities shall also be considered equine professionals. My/Our participation in community service activities per this Agreement is deemed "equine activities" under the above statute.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardians (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardians (if applicable)

\_\_\_\_\_  
Date

**Review and sign following Participant Agreement, Release & Acknowledgement of Risk.**



**PARTICIPANT AGREEMENT, RELEASE. AND A ACKNOWLEDGEMENT OF RISK**

In consideration of my receiving the services from H.O.R.S.E. Incorporated, Brenda J. Wright, individually and d/b/a Eveningstar Equestrian Ranch, 19021 Long Grove Road, Higginsville, MO 64037, and/or Big River Ranch, LLC, 20111 Goodloe Orchard Road, Lexington, MO 64067 and/or from any of their agents, owners, officers, directors, volunteers, participants, employees, independent contractors or other premise owners allowing their facilities to be used for the purposes of H.O.R.S.E., and/or any and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as and/or “the Released Parties”), I hereby agree to release, indemnify, and discharge H.O.R.S.E. and the Released Parties, on behalf of myself, my children, my parents, my heirs, assigns, personal representatives and estate as follows:

1. I acknowledge that horseback riding, caring for horses, and all therapeutic activities involving horses entail known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or injury to myself or third parties, or damage to property. I understand that such risks are inherent to the natural behavior of horses to act in an unpredictable manner and thus cannot be controlled or eliminated. These risks include, but are not limited to: (1) the propensity of a horse to behave in ways, i.e. running, bucking, biting, kicking, shying, stumbling, rearing, falling or stepping on, that may result in an injury, harm or death to persons on or around them; (2) the unpredictability of a horse’s reaction to such things as sounds, sudden movement and unfamiliar objects, persons, or other animals; (3) certain hazards such as surface and subsurface conditions; (4) collisions with other horses or objects; and (5) the potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the horse or not acting within such participant’s ability.”
2. I expressly agree and promise to accept and assume all of these risks, whether named or unnamed, which potentially exist in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless H.O.R.S.E., Inc., and the Released Parties, from any and all claims, demands, and/or causes of action, which are in any way connected with my participation in this activity or my use of H.O.R.S.E.’s equipment or facilities, including any such Claims which allege the negligent acts or omissions of H.O.R.S.E. and/or the Released Parties.
4. Should H.O.R.S.E. or the Released Parties be required to incur attorney’s fees and costs to enforce any provision of this agreement, I agree to indemnify H.O.R.S.E. for same.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else confirm my agreement to personally be responsible for all costs of such injury or damage.
6. I agree that any litigation arising out of this Agreement shall be brought solely in the state of Missouri. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.
7. I agree that I have read, reviewed and understand the State of Missouri’s Equine Activity Liability Act Warning which states:

**MISSOURI WARNING**

**UNDER MISSOURI LAW, AN 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 THE REVISED STATUTES OF MISSOURI, RSMO 537.325.**

I understand that for the purposes of this agreement H.O.R.S.E. Inc., the Released Parties and all persons acting as agents or representatives of H.O.R.S.E. Inc. and/or the Released Parties shall be considered “equine professionals”.

**By signing this document, I acknowledge that if I am hurt or any of my property is damaged during my participation in this activity, I waive my right to assert any claim or bring any legal action against H.O.R.S.E. Inc. and/or the Released Parties, even for those claims allegedly involving their negligence. I have been given sufficient opportunity to read this entire document and/or to have it reviewed by legal counsel prior to my signature. I have read and understood it, and I agree to be bound by it’s terms.**

✍️ Signature of Participant: \_\_\_\_\_ Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Date: \_\_\_\_\_

*Signature of Both Parents or Guardian (if applicable):*

✍️ \_\_\_\_\_  
Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

✍️ \_\_\_\_\_  
Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Activity Agreement**



As a chosen participant in this volunteer community service activity, I agree to the following as they relate to my activities at Eveningstar Equestrian Ranch, Big River Ranch or any other premises or facilities that may be used by H.O.R.S.E. from time to time:

1. I will not be under the influence of alcohol or illegal drugs nor will I bring any on the property at any time.
2. I will not bring firearms or any other type of weapons on the property at any time.
3. I will not smoke on the property. This includes but is not limited to: in or around the barn, in any arenas or other activity center or anywhere else on the grounds. Those that accompany me understand that if they wish to do so, they may smoke in their vehicle but that no tobacco remains will be disposed of outside the vehicle on either of the properties.
4. I will respect our workspace that includes the barn, the grounds and the arena located on the property.
5. I will be respectful of the horse owners, their horses, any domestic animals and their property while on the grounds of the property.
6. I will not run or act in a manner that may frighten the horses or be distracting to the individuals that I encounter on the property, knowing that to do so may endanger the safety of myself and others.
7. I agree to follow all rules of H.O.R.S.E., Inc. and understand that my failure to follow said rules may constitute grounds for refusal of further service to me by H.O.R.S.E., Inc.
8. Other: \_\_\_\_\_


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 \_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

*If a minor, signatures of both parents/guardian is required.:*

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



## Video and Photograph Release

The below signed individuals agree to be photographed and/or videotaped by the H.O.R.S.E. program while engaging in Volunteer Community Activities for H.O.R.S.E. with the understanding that said media may be used for the purpose of training and marketing. This includes but is not limited to, printed material, web site material, and promotional presentations.

Signature of Participant: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant's Parent/Guardian if participant is under 18 years of age.

\_\_\_\_\_

Print Name  
Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant's Parent/Guardian if participant is under 18 years of age.

\_\_\_\_\_

Print Name  
Date: \_\_\_\_\_

No, please do not photograph or video myself or my child.



## Code of Ethics

This code serves as a standard of ethics and professionalism for all employees, volunteers, board members and any other persons associated with H.O.R.S.E. Helping Others Reach Success & Excellence. These persons are hereafter referred to as "associates". The code delineates basic philosophies to guide H.O.R.S.E. in the conduct of business and practice. High standards of ethics and professionalism are established to instill confidence in clients and the communities whom are affected by H.O.R.S.E. The ethics code is based on the fundamental values of overall safety and well-being of clients, foremost above all other considerations.

Ethical decisions and conduct should be consistent in the letter and spirit of the code. Failure to act in accordance with the code may result in loss of association with H.O.R.S.E. It is our quest to provide the highest quality therapeutic and growth and learning programs. It is therefore required that all associates maintain the utmost standards of ethics, professionalism, and integrity.

1. The H.O.R.S.E. associate will provide the highest quality of service and care in supporting and assisting clients in personal growth and learning.
2. The H.O.R.S.E. associate will respect and honor the value and dignity of all human beings and protect the safety, welfare, and best interest of the client.
3. The H.O.R.S.E. associate will always consider physical and emotional safety concerns with all clients. This includes safety utilizing horses and the maintenance of a safe facility. Therapeutic approaches are to be implemented in a respectful manner, never abusing power through sexual or inappropriate relationships with clients, while respecting the privacy and rights of confidentiality of all clients.
4. The H.O.R.S.E. associate will continually evaluate the progress of clients and will promptly refer them to other professional services if and when this is in the best interest of the client.
5. The H.O.R.S.E. associate will treat other associates and professionals courteously and respect their views, ideas, and opinions.
6. The H.O.R.S.E. associate will share information, experiences, and ideas that will benefit, strengthen, and improve the effectiveness of programming.
7. The H.O.R.S.E. associate will regularly evaluate his/her own professional strengths and limitations and will seek to improve self and profession through ongoing education and training.
8. The H.O.R.S.E. associate will not misrepresent by claiming or implying professional qualifications, education, experience, or affiliations not possessed by the associate.
9. The H.O.R.S.E. associate will follow all state laws and guidelines pertaining to the scope of his/her practice and limitations of business.
10. The H.O.R.S.E. associate should not participate in, condone or be associated with dishonesty, fraud, deceit, illegal activities, or misrepresentation.
11. The H.O.R.S.E. associate will not engage in personal conduct which adversely affects the quality of professional services rendered or cause harm to the reputation of the organization.
12. The H.O.R.S.E. associate will maintain the highest standards of professional integrity.
13. H.O.R.S.E. will honor and respect client differences while creating and maintaining a climate that is responsive to issues and concerns of cultural diversity regardless of religion, age, socio-economic status, ethnic background, sexual orientation, gender, or physical disability.

I agree to abide by this Code of Ethics.

\_\_\_\_\_  
*Signature of volunteer*

\_\_\_\_\_  
*Date*



**☞CONSENT☜ Authorization for Emergency Medical Treatment & Confidential Medical Info.**

The undersigned hereby grants to H.O.R.S.E., Inc., and/or Brenda J. Wright, or any agents representing the organization H.O.R.S.E. the authority to secure emergency medical treatment for Participant if the undersigned and/or Participant's emergency contact person is unavailable to make such decisions. With regards to your physical well being and in order for H.O.R.S.E. Inc. to ensure that the activities that you might be engaged in will be suitable for your over all health, the following "confidential medical history information should be listed below. If there is any health issue that should prevent you from performing various physical tasks, such as lifting up to 60 pounds or performing strenuous activities and if there is any health issue or medications that a emergency doctor may need to be aware of in case of an emergency please list those health issues and medications below, if you need more room add to back of this page. This information is only for the benefit of keeping you safe and helping you be treated in the best possible way.

Print Participant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

***\*Medications and/or health issues that a treating physician should know about you:*** \_\_\_\_\_

\_\_\_\_\_ D-O-B: \_\_\_\_\_

**EMERGENCY CONTACTS:**

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Health Insurance Company: \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

*If a minor, signatures of both parents/guardian is required:*

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

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

Print name & address of both Parent/Guardian: \_\_\_\_\_

Phone(s): \_\_\_\_\_

**☞PLEASE ATTACH A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD. Failure to include a copy of your card may interfere with our ability to secure emergency medical treatment.**

**~~➔\*\*\*\*\*NON-CONSENT\*\*\*\*\*NON-CONSENT\*\*\*\*\*NON-CONSENT\*\*\*\*\*NON-CONSENT\*\*\*\*\*~~**

If the undersigned **DOES NOT DESIRE TO GRANT** H.O.R.S.E. Inc. and/or Brenda J. Wright or any agents representing the organization H.O.R.S.E. authority to secure emergency medical treatment for the client if the undersigned is unavailable, or the emergency contact person is unavailable, please initial the box below and state on the reverse side of this form the procedures to be followed if the client becomes ill or is involved in an accident and the undersigned is unavailable.

***IDO NOT CONSENT*** to Brenda J. Wright or any agents representing the organization H.O.R.S.E. obtaining health care information or making health care decisions concerning the client.

Date: \_\_\_\_\_ Participant or Parent/Guardian Signature: \_\_\_\_\_

Print participant's name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

*If a minor, signatures of both parents/guardian is required:*

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_



**Note:** The following summary and four page notice is a HIPPA requirement with regards to requesting your health information and regards to your privacy. Pages 10 through 14 are yours to keep for your records.

**SUMMARY OF NOTICE OF PRIVACY PRACTICES FOR  
(H.O.R.S.E.) HELPING OTHERS REACH SUCCESS AND EXCELLENCE**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We have summarized the following Notice of Privacy Practices on this page. For a complete description of your rights and our responsibilities, please review these entire five pages. The four page notice is your copy to keep in your records.

**Your Rights:** Your rights related to your medical information are as follows:

- The right to request restrictions on the way we use your medical information;
- The right to request and receive information from us in a different way or manner;
- The right to review your medical information;
- The right to request that we amend your medical information; and
- The right to know how we have used or disclosed your medical information.

We will not use or disclose your health information without your authorization, except as otherwise described in this Notice of Privacy Practices.

**What We Are Required to Do:** It is our responsibility to:

- Protect your medical information;
- Provide you with our Notice of Privacy Practices; and
- Abide by the terms of this Notice.

We can change our privacy practices. If we decide to change them, we will change this Notice and post the changes at our facility and on our website. If you have any questions and/or would like additional information, please contact the following individual:

Title of Contact Person      Brenda J. Wright, Executive Director  
 Address                              19021 Long Grove Rd., MO 64021  
 Phone number                      660.584.7892

**ACKNOWLEDGMENT:** I acknowledge that I have been provided with H.O.R.S.E.'s Notice of Privacy Practices.

\_\_\_\_\_      \_\_\_\_\_  
 Volunteer(s) Signature      Date

\_\_\_\_\_      \_\_\_\_\_  
 Signature of Parent(s)/Guardian(s)      Date

Participant was unwilling/unable to sign acknowledgment (*FOR OFFICE USE ONLY*)

Reason: \_\_\_\_\_

Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_



## NOTICE OF PRIVACY PRACTICES

Effective Date 03-01-2006

### NOTICE OF H.O.R.S.E.'s PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice is intended to inform you about practices at Helping Others Reach Success and Excellence ("H.O.R.S.E.") related to the protection and privacy of your medical records. Generally, we are required by law to ensure that medical information that identifies you is kept private. Further, we must give you information related to our legal duties and privacy practices regarding any medical information we create or receive about you. We are required by law to follow the terms of the notice that currently is in effect.

This notice will explain how we may use and disclose your medical information, our obligations related to the use and disclosure of your medical information and your rights related to any medical information that we have about you. This notice applies to the protected health information of your care provided by H.O.R.S.E. and all its employees, staff, contractors and volunteers ("personnel").

With a few exceptions, we are required to obtain your permission for the use or disclosure of information for reasons other than for treatment, payment or health care operations. We have listed some of the reasons why we might use or disclose your medical information and some examples of the types of uses or disclosures below. Not every use or disclosure is covered, but all of the ways that we are allowed to use and disclose information will fall into one of the categories.

If you have any questions about the content of this Notice of Privacy Practices, or if you need to contact someone at H.O.R.S.E. about any of the information contained in this Notice of Privacy Practices, the contact person is:

|                         |                                   |
|-------------------------|-----------------------------------|
| Title of Contact Person | <u>Brenda J. Wright</u>           |
| Address                 | <u>19021 Long Grove, MO 64037</u> |
| Phone number            | <u>660.584.7892</u>               |

H.O.R.S.E. personnel will follow the practices described in this Notice of Privacy Practices.

### Use and Disclosure of Medical Information for Treatment, Payment or Health Care Operations:

We can use or disclose medical information about you regarding your treatment, payment for services or for certain health care operations.

**For Treatment:** To provide you with treatment or services, we may need to use or disclose information about you to H.O.R.S.E. personnel who are involved in your treatment. For example, we may need to know about certain allergies you may have to avoid an allergic reaction during your activities at H.O.R.S.E. We also may disclose information to other health care providers that are not affiliated with H.O.R.S.E. for your treatment (e.g., pharmacists or emergency medical providers).

**For Payment:** We may use and disclose your medical information in order for H.O.R.S.E. to bill and receive payment for the treatment or services that you received here. For example, we may disclose your medical information to your insurance company about a service you received at H.O.R.S.E. so that your insurance company can pay us or reimburse you for the service. We also may ask your insurance company for prior authorization for a service to determine whether the insurance company will cover it. We also may disclose your



information so that other covered entities may obtain payment for treatment that they have provided (e.g., ambulance service providers).

**For Health Care Operations:** We can use and disclose medical information about you for health care operations. These include uses and disclosures that are necessary to run the programs at H.O.R.S.E. and make sure that our Participants receive quality services. For example, we may use medical information about you to evaluate our staff's performance in providing services for you.

**Uses and Disclosures of Medical Information that do not Require Your Authorization:**

We can use or disclose health information about you without your written authorization when there is an emergency or when we are required by law to treat you, when we are required by law to use or disclose certain information, or when there are substantial communication barriers to obtaining consent from you.

Further, we may use or disclose your health information without your written authorization in any of the following circumstances:

- When it is required by law;
- When it involves use and disclosure for public health activities, such as mandated disease reporting, etc.;
- When reporting information about victims of abuse, neglect or domestic violence;
- When disclosing information for the purpose of health oversight activities, such as audits, investigations, licensure or disciplinary actions or legal proceedings or actions;
- When disclosing information for judicial and administrative proceedings in accordance with state and/or federal law, for instance, in response to a court order or a subpoena;
- When disclosing information for law enforcement purposes, for instance, to locate or identify a suspect, fugitive, witness or missing person or regarding a victim of a crime who can not give consent or authorization because of incapacity;
- When disclosing information about deceased persons to medical examiners, coroners and funeral directors;
- When disclosing or using information for organ and tissue donation purposes;
- When disclosing information related to a research project when a waiver of authorization has been approved by the Institutional Review Board [or the Privacy Committee];
- When we believe in good faith that the disclosure is necessary to avert a serious health or safety threat to you or to the public's safety;
- When disclosure is necessary for specialized government functions, such as military service, for the protection of the president or for national security and intelligence activities;
- When required by military command authorities, if you are a member of the armed forces (or if foreign military personnel, to appropriate foreign military authorities);
- In the case of a prison inmate, information can be released to the correctional facility in which he or she resides for the following purposes: (1) for the institution to provide the inmate with health care; (2) to protect the health and safety of the inmate or the health and safety of others; or (3) for the safety and security of the correctional facility; and
- When disclosure is necessary to comply with worker's compensation laws or purposes.



## Planned Uses or Disclosures to Which You May Object

We will use or disclose your health information for any of the purposes described in this section unless you object to or otherwise restrict a particular release. You must direct your written objections or restrictions to the Contact Person listed on page 1.

- We may use or disclose your health information to contact you and remind you that you have an appointment.
- We may use or disclose your health information to provide you with information about or recommendations of possible treatment options or alternatives that may interest you.
- We may use and disclose your health information to inform you about health benefits or services that may interest you.
- We may use health information about you to contact you in an effort to raise money for H.O.R.S.E.
- We may release health information about you to a friend and/or family member who is involved in your care. We also can give this information to someone who will help or is helping to pay for your care.
- We can disclose health information about you to a public or private entity that is authorized by law or its charter to assist in disaster relief efforts, i.e., the American Red Cross, for the purpose of notification of family and/or friends of your whereabouts and condition.

## Other Uses or Disclosures

Uses or disclosures not covered in this Notice of Privacy Practices will not be made without your written authorization. If you provide us written authorization to use or disclose information, you can change your mind and revoke your authorization at any time, as long as it is in writing and sent to the Contact Person listed on page 1. If you revoke your authorization, we will no longer use or disclose the information. However, we will not be able to take back any disclosures that we have made pursuant to your previous authorization.

## Your Rights with Respect to Health Information

- **Right to Request Restrictions:** You have the right to request that we restrict any use or disclosure of your health information. We are not required to agree to your requested restriction. If we do agree with your restrictions, we will comply with your request unless the information is needed to provide you treatment or for compliance with HIPAA rules regarding selected public policy purposes. Any request to restrict uses or disclosures must be made in writing to the Contact Person listed on page 1. Your request must indicate (1) what information you want limited; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.
- **Right to Receive Information in Certain Form and Location:** You have the right to receive information about your health in a certain form and location. For instance, you can request that we not contact you at work. To request confidential communications, you must make your request in writing to the Contact Person listed on page 1. The request must tell us how and/or where you want to receive information. We will accommodate reasonable requests.
- **Right to Inspect and Copy Your Health Information:** You have the right to inspect and obtain a copy of your health information that may be used to make decisions about your care, with the exception of therapy notes. If you want to see or obtain a copy of your medical information, you must submit your request in writing to the Contact Person listed on page 1. If you request copies of information, we may charge a fee for any costs associated with your request, including the cost of copies, mailing or other supplies.



In limited circumstances we can deny access to your health information. If access is denied, you can request that the denial be reviewed. Another licensed health care professional chosen by H.O.R.S.E. will review your request and the denial. We will follow the decision of the reviewer.

- **Right to Request Amendment to Your Health Information:** You have a right to request that your health information be changed if you believe that it is incorrect or incomplete. You have a right to request changes for as long as the information is kept by [H.O.R.S.E.]. To request a change in your information, you must submit it in writing to the Contact Person listed on page 1. In addition, you must give the reason that you want the information changed, including why you think the information is incorrect or incomplete.

We can deny your request if it is not in writing and if it does not include a reason why the information should be changed. We also can deny your request for the following reasons: (1) the information was not created by H.O.R.S.E., unless the person or entity that did create the information is no longer available; (2) the information is not part of the medical record kept by or for H.O.R.S.E.; (3) the information is not part of the information that you would be permitted to inspect and copy; or (4) we believe the information is accurate and complete.

- **Right to an Accounting of Disclosures:** You have the right to receive an accounting of disclosures of medical information that we have made, with some exceptions. You must submit your request in writing to the Contact Person listed on page 1. Your request must state the time period that may not be longer than six (6) years and may not include dates before April 14, 2003. You should include how you want the information reported to you, i.e., by paper, electronically, etc. You have the right to receive a free accounting every twelve (12) months. If you request more than one (1) accounting in a twelve (12) month period, we may charge you a reasonable fee for the costs of providing that list. We will notify you of the charge for such a request and you can then choose to withdraw or change your request before any costs are incurred.

You have the right to a paper copy of this Notice of Privacy Practices. Even if you have agreed to receive this notice in another form, you can still have a paper copy of this notice. To obtain a paper copy of this notice, notify the Contact Person listed on page 1. You can obtain a copy of this notice at our Web site, [www.horsehelpspeople.org](http://www.horsehelpspeople.org).

- **Complaints Regarding Your Privacy Rights or Issues:** If you believe your privacy rights have been violated, you may file a complaint with H.O.R.S.E. or with the Secretary of the Department of Health and Human Services. To file a complaint with H.O.R.S.E. or to receive additional information as to how to file a complaint with the Department of Health and Human Services, notify the Contact Person listed on page 1. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
- **Changes to this Notice:** We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice on H.O.R.S.E.'s Web site, [www.horsehelpspeople.org](http://www.horsehelpspeople.org). You will find the date the notice became effective at the top of the first page below the title. In addition, each time you receive treatment or healthcare services at H.O.R.S.E., a copy of the current notice in effect will be given to you if you request it.



## Clothing List for Equine Activities (Keep this sheet for your information)

The H.O.R.S.E. community service activities are held outdoors as well as indoors. As such, you are exposed to unpredictable weather conditions. It is **IMPERATIVE** that you dress appropriately. Below is a list of weather conditions and suggested apparel. Please note – there are no extra jackets, sweaters, boots etc...in the barn. It is better to over-dress and be able to remove clothing than it is to under dress and become chilled or uncomfortable. It is always advisable to wear sunscreen on exposed parts of the body. Please remember that you are dressing to work outside and with a horse – conditions are sometimes muddy and dirty. Very casual, warm and comfortable clothing is always appropriate. Even in the summer time, long pants (not shorts) are recommended in the barn or with the horse. Baggy pants and “sagging” are not permitted – you need to be able to move freely with no fear of tripping, falling, or becoming tangled in props or equipment because of excess clothing or clothing that is ill fitting. To protect your hands from the abuse of some types of work it is highly suggested to wear a form of work gloves.

### COLD WEATHER

Wear layers of clothing: shirts, turtlenecks, sweaters, sweatshirts, jackets etc... Please wear multiple pairs of socks and warm, waterproof shoes or boots. Even if the weather is moderate, the ground may be cold, muddy or damp. Please wear a hat and make sure that your hands are covered. Gloves are preferred to mittens so that you have use of your fingers.

### WARM/COOL WEATHER

Wear layers of clothing as the barn and shady areas of the property may be cool even if it's warm outdoors and in the sun. Shirts under sweatshirts or flannel shirts under a jacket are ideal, as you'll be able to remove clothing if it gets warm or if we move into the sun. Boots, waterproof shoes or OLD shoes are recommended. **SANDALS OR ANY OPEN TOED SHOES ARE NOT ALLOWED. SHOES WITH AN OPEN HEEL, SUCH AS SLIDES OR CLOGS, ARE ALSO NOT ALLOWED.** It is important that your feet are protected and open toed shoes and open heeled shoes do not provide adequate protection (and it is too easy for open heeled shoes to come off). Leather as opposed to canvas shoes protects the foot better if the horse should step on you. Conditions may be muddy or dirty.

### HOT WEATHER

Appropriate warm weather clothing such as tank tops or sleeveless shirts are recommended. Please make sure that shirts are loose enough to move comfortably and allow air flow (which aides in cooling the body) but not so large or loose to be inappropriate. Tube tops and halter tops are discouraged as sometimes activities can be energetic and it is important that clothing stay in place without you being distracted by the possibility that it will not. Long pants are encouraged although shorts are allowed. Boots, waterproof shoes or OLD shoes are recommended. **SANDALS OR ANY OPEN TOED SHOES ARE NOT ALLOWED. SHOES WITH AN OPEN HEEL, SUCH AS SLIDES OR CLOGS, ARE ALSO NOT ALLOWED.** It is important that your feet are protected and open toed shoes and open heeled shoes do not provide adequate protection (and it is too easy for open heeled shoes to come off). Leather as opposed to canvas shoes protect the foot better if the horse should step on you. Conditions may be muddy or dirty.

It is recommended that you bring a thermos or other bottle with cold water or electrolyte drink (such as Gatorade) in order to remain hydrated. **Water will be provided in an emergency situation only.** There are no vending machines at H.O.R.S.E. locations and none of these facilities provide water or refreshments on a general basis.

COMMENTS: \_\_\_\_\_  
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