

Horse “N” Around Therapeutic Riding Center

2593 N. Rocky River Rd Lancaster, SC 29720

704-641-2146

Horsenaroundtrc.org/horsemaroundtrc@yahoo.com

Horse “N” Around Therapeutic Riding provides equine assisted activities and therapies to children with special needs in the area surrounding Monroe and Charlotte, NC including York and Lancaster, SC. Therapeutic riding uses equine-oriented activities for the purpose of contributing positively to the cognitive, physical, emotional, and social well-being of people with disabilities. Therapeutic riding and Hippotherapy provide benefits in the areas of sport, recreation, education, and therapy to individuals with a wide range of disabilities.

What are the benefits?: Physically, therapeutic riding can improve coordination and help normalize muscle tone. It can help improve posture, balance and increase the functional range of motion, muscular strength, and flexibility. Perceptual and sensory motor skills may also improve. The psychological benefits for the individuals who participate include improved motivation, self-esteem, and confidence. Equine therapy enhances the development of cognitive skills and allows the participant to improve socialization skills and learn team work.

Who qualifies to participate in Horse “N” Around Therapeutic Riding Program?

- Riders over the age of two and weighing no more than 200 pounds
- Riders who have appropriate behavior to maintain safety

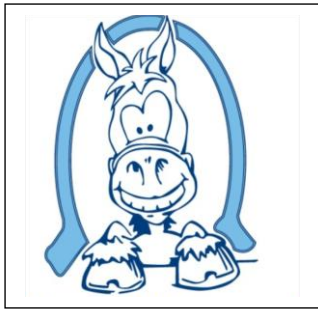
The following conditions ARE contraindicated for the therapeutic riding or Hippotherapy:

- Structural scoliosis greater than 30 degrees
- Uncontrolled seizures
- Symptoms of and a positive x-ray for Atlantoaxial Instability
- Tether Cord of Chiari II Malformation
- Hip subluxation, dislocation, or degeneration
- Indwelling catheter
- Spinal cord injury above a T-6
- Hemophilia
- Positive neurological clinical signs as indicated by the physician

The following conditions MAY BE contraindicated:

- Osteoporosis
- Osteogenesis Imperfecta, lordosis, or kyphosis
- Recent surgeries
- Recurrent pathological fractures
- Spina Bifida
- Spinal fusions/spinal instability/spinal stabilization devices
- Varicose veins
- Diabetes
- Horse “N” Around may be unable to accommodate a potential rider due to resources available and program capabilities (i.e., horses, equipment, availability of therapist, volunteers, and capabilities). Horse “N” Around TRC is a PATH, Intl Center and follows the Professional Association of Therapeutic Horsemanship (PATH, Intl) precautions and contraindications guidelines.

Warning: Under South Carolina law, an equine activity sponsor or equine professional is not liable for an injury to or death of a participant in equine activities exclusively from the inherent risks of equine activities. Chapter 99E of South Carolina Statutes



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Patient name _____

Address _____

City State Zip _____

Phone # Home _____

Cell _____

Work EXT _____

Date of Birth _____

Allergies: _____

Current Medications _____

Primary Care Physician _____

Physicians Name _____

Phone # _____ Fax: _____

Person Responsible for Bill

Name _____

Address _____

City State Zip _____

Phone # Home _____

Cell _____

Work EXT _____

Authorization for Payment/Release of Medical Records

I authorize release of medical records and payment of my benefits to the physician and allow a photocopy of my signature to be used to file insurance. I understand that my insurance may not cover all fees and services provided and I will be responsible for the unpaid balance.

Signature _____

Date _____

Insurance Information

Primary Insurance Name _____

Policy Holder _____

Policy Holder's Date of Birth _____

Member ID _____

Group # _____

Insurance Phone Number: _____

Patient's Relationship to Primary Insured:

Secondary Insurance _____

Policy Holder _____

Policy Holder's Date of Birth _____

Member ID _____

Group # _____

Patient's Relationship to Primary Insured:

Person to Contact in Case of Emergency

Name/Relationship _____

Phone # Home _____

Cell _____

Work EXT _____

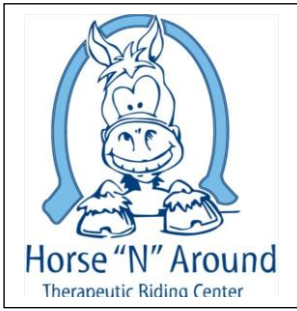
Acknowledgement of Receipt of Notice of Privacy Practices

Notice to Patient: We are required to provide you with a copy of our Notice of Privacy Practices, which states how we may use and/or disclose your health information. Your signature on this form acknowledges your receipt of the Notice.

I acknowledge that I have received a copy of the Notice of Privacy Practices.

Signature _____

Date _____



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Consent and Authorization for Services and Treatment Medicaid

This patient or legal guardian verifies that the information given for payment under Title XIX (Medicaid) Act is correct. Also, authorizing the release of all records required acting on this request so that payment of authorized benefits is made on his/her behalf to Horse N Around Therapeutic Riding Center.

Private Insurance

This patient or legal guardian agrees to authorize direct payment of insurance benefits by insurance carrier to Horse N Around Therapeutic Riding Center. I understand that if my insurance carrier does not accept "assignment of benefits", I am obligated to endorse and send payments to Horse N Around Therapeutic Riding Center.

Client Financial Responsibility

With this consent, Horse N Around Therapeutic Riding Center may verify insurance coverage for Occupational, Physical, and Speech Therapy services. I understand that verification of benefits is not a guarantee of payment and I understand that if payment is not made to Horse N Around Therapeutic Riding Center by other payers, I will be responsible for the services rendered to my child. This payment will be made dependent upon a written notice. I understand that I am responsible for insurance deductibles and amounts not covered by any insurance or payment provider. I acknowledge and authorize that if I do not pay my balance within 30 days of notice, Horse N Around Therapeutic Riding Center will bill my credit card. This does not include Medicaid recipients. Medicaid recipients are required to maintain active Medicaid status, but cannot be billed for unpaid claims.

Notification of Change

This patient or legal guardian agrees to notify Horse N Around Therapeutic Riding Center within 24 hours of any information change it receives regarding changes in Insurance, Medicaid, or other funds that affect the reimbursement.

Attendance and Cancellation Policy

Due to the demand for OT, PT, and ST, there will be a \$35 fee for any appointment which is missed without notifying your Therapist within 24 hours of your scheduled appointment. An absence without notifying your therapist at all will be referred to as a no show. Cancellation fees are not reimbursed by insurance companies or Medicaid and will be billed to the responsible party. If a parent or guardian cancels 50% of the sessions for 2 consecutive months or has 3 no shows, Horse N Around Therapeutic Riding Center reserves the right to discontinue services with the family allowing them to find another direct service provider for therapy services.

Clients name DOB _____

Signature (Parent/Legal Guardian) Relationship to Client Date _____

Consent to Treatment

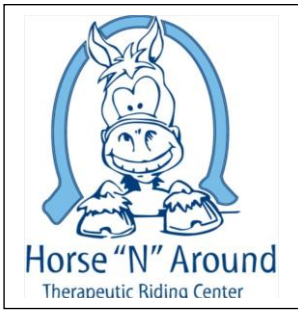
In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of Horse N Around Therapeutic Riding Center, my signature below authorizes Horse N Around Therapeutic Riding Center to:

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

This authorization includes X-ray, 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 unable to be reached.

Clients name DOB _____

Signature (Parent/Legal Guardian) Relationship to Client Date _____



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Other Therapies

Please list all other therapies that your child is receiving including school. For Medicaid patients even though your school does not bill Medicaid for services they are still taking into consideration the service when going after prior authorization. Medicaid is also dying dual providers so if you are getting the same service at another location you may have to decide where you would like to go to receive the treatment.

Location:

PT _____	duration: _____	PT School: yes/no	duration: _____
OT _____	duration: _____	OT School: yes/no	duration: _____
ST _____	duration: _____	ST School: yes/no	duration: _____

Child's diagnosis: _____

Liability Release Form

Liability Release

_____ [Child's name] would like to participate in Horse N Around Therapeutic Riding Center program. I acknowledge the risks and potential for risks of horseback riding. However, I feel that the possible benefits to my son/my daughter/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Kasie Trivett, Horse N Around Therapeutic Riding Center, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or employees for any and all injuries and/or losses my son/daughter/ward may sustain while participating in Horse N Around Therapeutic Riding Center.

Photo Release (check one)

_____ I consent to and authorize the use and reproduction by Horse N Around Therapeutic Riding Center, of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the Program.

_____ I do not give my consent for the Photo Release.

Confidentiality Agreement

I understand the expectation that all information related to the students of Horse N Around Therapeutic Riding Center is considered confidential in nature. I further understand the liability of persons with access to student information and hereby agree to protect and preserve the confidential nature of all student information to which I have access.

Signature: _____ Date: _____

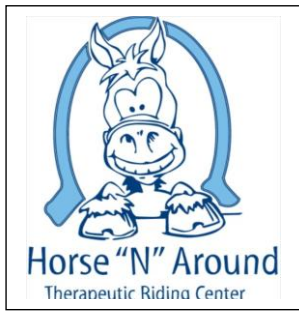
Print Name: _____

Address: _____

Email address: _____ Phone: _____

Parent/Guardian Signature (if under 18): _____

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Notice of Privacy Practices

This notice describes how health information about you or your child may be used and disclosed and how you can get access to this information.

Please review it carefully.

All information that is provided during the evaluation and treatment process is considered confidential by Horse N Around Therapeutic Riding Center. The disclosure of protected health information will be governed by state and federal laws.

Changes to Notice

Horse N Around Therapeutic Riding Center reserves the right to change this notice and the privacy practices described below at any time in accordance with the applicable laws. Prior to implementing changes in Horse N Around Therapeutic Riding Center' privacy practices, a notice will be given to advise clients of the changes. You may request a copy of this notice at any time.

Permitted Uses and Disclosures of Health Information

Disclosure of protected health information outside of Horse N Around Therapeutic Riding Center is permitted when you sign a written authorization (Permission for Release of Information). Any authorization for disclosure may be revoked at any time by notifying Horse N Around Therapeutic Riding Center in writing. The revocation will not affect any use of disclosures permitted by your initial authorization while it was in effect.

- You have the right to request restriction of the disclosure of your health information, except when Horse N Around Therapeutic Riding Center is required to do so. Under the following specific conditions, disclosure of information outside of Horse N Around Therapeutic Riding Center is permitted and/or required by law without your specific authorization:
 - When there is a medical emergency involving your child's health or safety.
 - When Horse N Around Therapeutic Riding Center is required by law to report instances of neglect or abuse of a child or disabled adult.
- It is possible that your information may be disclosed during audits by insurance companies or government appointed agencies as part of their quality assurance and compliance reviews.
- When Horse N Around Therapeutic Riding Center is required by law to disclose information which would cause health risk to another person.
- When Horse N Around Therapeutic Riding Center is required by law in response to judicial proceedings and law enforcement inquiries.
- With your written permission, Horse N Around Therapeutic Riding Center may share your child's health information with those you tell us will be helping your child follow through with his/her therapy practices.

Patient Rights

You also have rights related to the use and disclosure of protected health information. Upon providing a written request, you have:

- The right to inspect and request a copy of your record.
- The right to request amendment of any section of your record if errors are found.
- The right to receive an accounting of disclosures that have occurred with your record.

If you request a copy of your record, there will be a charge of .25 cents per page plus postage if you want the information mailed to you. The information will be made available to you within 14 days of receipt of the written request. Copies of individual evaluation reports/treatment notes will be provided to you free of charge.

Confidential information is stored in a secure location away from public access.

Evaluations, therapy plans, progress and treatment notes may be sent to insurance companies or other pay sources or referring physicians for the purposes of requesting doctor's orders, authorization for services, or to obtain reimbursement for services. Information may be sent via first class mail or fax with procedures in place to limit the likelihood of unauthorized access. Information sent will be documented in your child's record.

All attempts will be made to hold conversations which may include confidential information in a location away from public access.

With this consent, Horse N Around Therapeutic Riding Center may call, email, or text message my home or other alternative location and leave a message on voice mail or in person in reference to any items that assist in the practice in carrying out treatment, payment, and health care operations, such as appointment reminders, insurance items, and any calls pertaining to clinical care.

I understand and agree that Horse N Around Therapeutic Riding Center will not be liable in the event that scheduled services cannot be provided as requested, or when insufficient notice is given concerning canceled services.

Questions and Complaints

Horse N Around Therapeutic Riding Center recognizes the importance of confidentiality and your right to be fully informed of all regulations regarding protected health information. If you feel that your privacy rights have been violated, please contact Kasie Trivett to ask questions or file a complaint. Phone: 704-641-2146 or mail: Horse N Around Therapeutic Riding Center, 2593 N. Rocky River Rd., Lancaster, SC 29720.