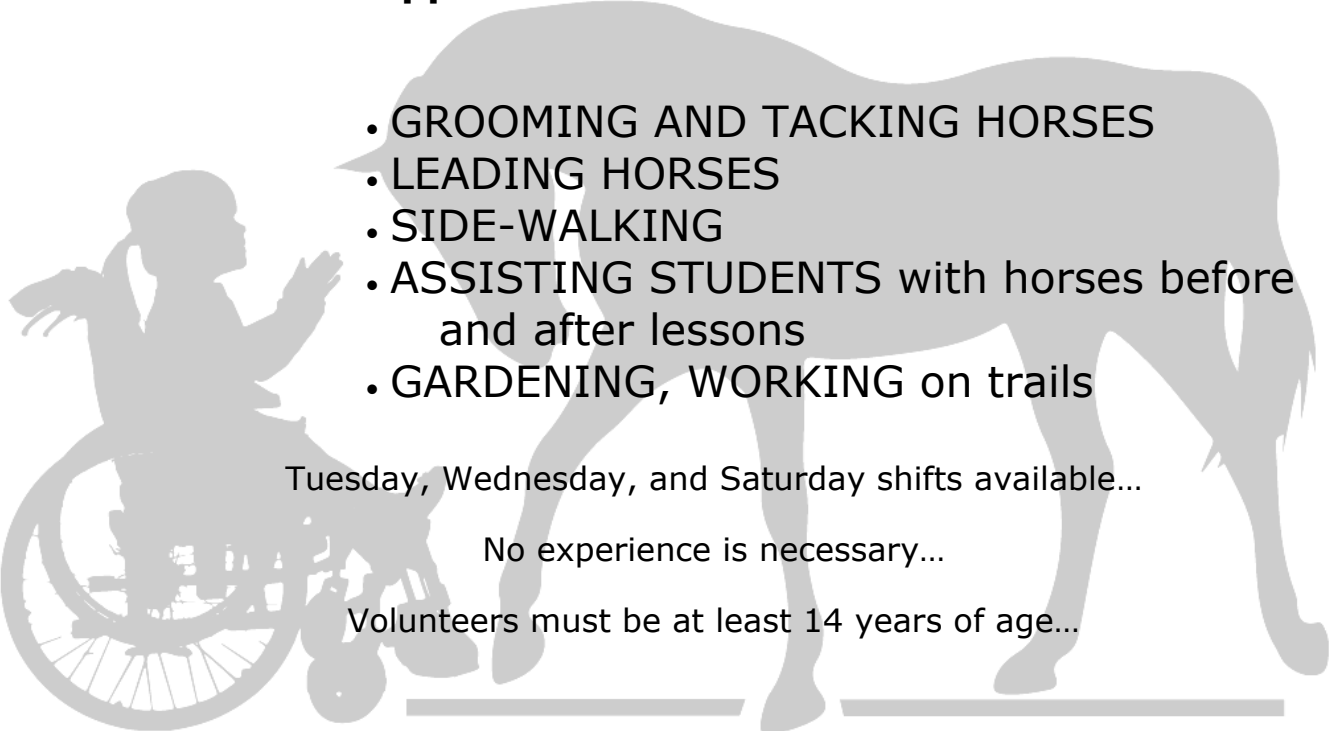


THERAPEUTIC AND RECREATIONAL RIDING CENTER, INC.

Volunteers Wanted

TRRC, Inc. is currently seeking volunteers to assist with the therapeutic riding program.

Volunteer opportunities include but not limited to:

- 
- GROOMING AND TACKING HORSES
 - LEADING HORSES
 - SIDE-WALKING
 - ASSISTING STUDENTS with horses before and after lessons
 - GARDENING, WORKING on trails

Tuesday, Wednesday, and Saturday shifts available...

No experience is necessary...

Volunteers must be at least 14 years of age...

TRRC 

DIRECTIONS:

From Baltimore:

Take 1-70 West to Rt. 32 South.
Take the exit toward Ten Oaks Rd/Burntwoods Rd.
At the traffic circle, take the 2nd exit.
At the next traffic circle, take the 1st exit onto Burntwoods Rd.
Turn left at fork onto Shady Lane. Drive 1 mile.
TRRC is on the right.

From Washington, DC:

Take Rt. 97 North (Georgia Ave) through Olney and Sunshine.
Turn right onto Burntwoods Rd. Drive .7 miles.
Turn right onto Shady Lane. Drive 1 mile.
TRRC is on the right.



THERAPEUTIC AND RECREATIONAL RIDING CENTER, INC.



Therapeutic Rider Packet Contents

Thank you for your interest in the Therapeutic and Recreational Riding Center, Inc. (TRRC), a premier accredited program through the Professional Association of Therapeutic Horsemanship International (PATH).

Enclosed you will find the forms necessary for therapeutic riding lessons.

Forms in Packet:

1. Therapeutic Rider Contract (2 pages)
2. Rider Application and Health History (2 pages)
3. Authorization for Emergency Medical Treatment
4. Medical History and Physician's Statement
 - This form is to be completed by the rider's physician.
 - For riders with Down's syndrome, please have the physician complete the second section (block) of this form.
5. Confidentiality Policy and Agreement
6. Rider Behavior Contract
7. Fire Evacuation Procedure
8. Caregiver Information Sheet
9. Billing Information Sheet

PLEASE BE SURE YOU READ AND UNDERSTAND THE NINE FORMS ABOVE!

Forms 1, 2, 3, 5, 6, 7, & 8, require rider, parent or guardian signatures. Form 4 requires signature of the rider's physician.

Forms 1 – 9 must be completed and returned BEFORE your evaluation.

10. Membership Application
 - Membership is optional
 - Membership donation fees along with grants and fundraisers subsidize 50% of program services. We deeply appreciate your donation, large or small. Your membership donation will help fund scholarships, purchase/maintain equipment, equine support, maintain/upgrade facilities and bring smiles to our many riders and their families.

TRRC, Inc. is a 501(c) (3) non-profit charitable organization. In an effort to keep costs at a minimum for our riders, TRRC, Inc. *depends* on the volunteer efforts of riders' family and friends. The Center is always in need of volunteers to donate an hour or two (or more) each week.

Volunteers can help in many ways, depending on their interest and skills, and on the needs of the Center. Leading, side-walking, grooming and tacking the horses; stable management, fund-raising, special events and office work all offer excellent volunteer opportunities. Training, support and social events are available. If you are interested or know anyone who might be, please contact TRRC, Inc. at 410-489-5100.

TRRC, Inc. is a Premier Accredited Program through the Professional Association of Therapeutic Horsemanship International (PATH) and is a member of the Federation of Riding for the Disabled International.

We are a smoke, alcohol, and drug-free environment!



THERAPEUTIC AND RECREATIONAL RIDING CENTER, INC.
Therapeutic Rider Contract

*(Note: This form NEEDS 2 signatures on the second page - if not completed, there will be **NO RIDING**, a ground lesson only)*

Participant's Name: _____ DOB: _____

Responsible Party: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Alt. Phone: _____ Email: _____

Billing Address (If different from above): _____

Therapeutic Rider Fees: Initial Evaluation: \$91

Group:

One hour: \$60
 Half Hour: \$55

Semi-Private:

One Hour: \$85
 45 Minutes: \$70
 Half Hour: \$50

Private:

One Hour: \$95
 45 Minutes: \$80
 Half Hour: \$55

Pre-payment of 6 (six) lessons is required at initial visit; TRRC, Inc. will then bill you on a monthly basis, automatically adding a 4-lesson prepayment charge each month. If you choose to withdraw before all prepaid lessons are used, the credit will then be forfeited and donated to a scholarship fund to support a child in therapeutic lessons. Payment is due and payable upon receipt of said statements. An **insurance liability surcharge** of \$45 will be charged with the first six sessions **and annually thereafter**. TRRC, Inc. reserves the right to change fees at any time.

Credit Balances:

Any credit balance for lessons not used within a six-month period will be donated to the TRRC, Inc. Scholarship Fund.

- To keep Therapeutic Riding Lessons affordable to riders, 50% of the cost is subsidized by private donations, grants and fundraisers.
- To keep our costs down and our services on-going, TRRC, Inc. relies largely on family members to volunteer in the arena leading and sidewalking, and to volunteer time and assistance in fundraising events.

Please come to the lesson 1/2 hour early to assist with tacking and grooming, and be prepared to stay 1/2 hour after class to assist with untacking and cooling off the horse.

TRRC Cancellation Policy

- TRRC, Inc. requires 24 hour notice for the cancellation of a lesson by calling the Center at 410-489-5100 or e-mailing Trrc01@aol.com and trrcrobin@verizon.net. Due to the complexity of the team's preparation for each lesson, less than 24 hour notice negatively impacts both efficiency of lessons that day and resources available. TRRC, Inc. reserves the right to charge a \$40 cancellation fee if sufficient notice is not given. An occurrence of 3 consecutive lessons cancelled without appropriate notice will result in forfeiture of the time slot held to allow for TRRC, Inc. to best serve all clients in need of services.
- In the event of a no-show, no call, a lesson charge will be applied. (Hardship/medical absenteeism situations may receive special exception).

Please continue the Recreational Rider Contract on Page 2 . . .



THERAPEUTIC AND RECREATIONAL RIDING CENTER, INC.



Participant's Name: _____ DOB: _____

Medical Information & Approval for Riding: TRRC, Inc. reserves the right to request yearly updates of medical histories and to make the final judgment of whether the applicant/rider is medically able to participate in equine activities. In addition, applicants/riders under age 20 with Down's Syndrome will be required to have a negative baseline x-ray prior to initial assessment treatment (evaluation).

Prescription Medicine: All non-emergency prescription medicine should be used before arrival at TRRC, Inc. Any persons (staff, volunteer, student/camper and family visitors) needing emergency medication due to a pre-existing condition, should have this noted in file by a physician. In order for TRRC, Inc. staff to administer emergency medication, release and emergency contact forms must be filled out and on file. Parents/Guardians and adult volunteers are responsible for keeping their own files current beyond TRRC's annual update. Any emergency medication should be carried at all times and include specific directions.

Representation: Rider and/or Responsible Party warrant and represent that Rider has no disability, impairment or ailment preventing him/her from engaging in active exercise or that will be detrimental to his/her health, safety or physical condition if he/she does so engage or participate. This representation is made by the Rider and Responsible Party knowing that TRRC, Inc. will rely upon same representation with respect to riding or other activities offered.

Apparel: ALL RIDERS MUST WEAR A SAFETY HELMET THAT MEETS ASTM/SEI STANDARDS & USE SAFETY STIRRUPS. Both are provided by TRRC, Inc. Proper clothing includes long pants and hard-soled shoes with a heel. Sneakers are prohibited. TRRC, Inc. staff reserves the right to inspect and approve/disapprove of gear and/or require additional gear for safety, weather and other conditions.

Valuables: Everyone is urged to avoid bringing valuables on the premises. TRRC, Inc., its agents or employees, shall not be liable for loss, theft or damage to personal property of riders, family members or guests.


Liability: Rider and/or rider's family and guests using the facilities and equipment, do so at their own risk. TRRC, Inc. shall not be liable for any damages arising from personal injuries or damages sustained in, on or about the premises. Rider and Responsible Party assume full responsibility for any injuries or damages, and do hereby and forever, release and discharge TRRC, Inc. and its owners, employees and agents, from any and all claims, demands, damages, rights or causes of action, present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of the rider's, family's, or guests' use or intended use of facilities and/or equipment.



Age and Weight Restriction: All riders must be four (4) years of age to ride (PATH mandatory standard) regardless of any developmental challenges - according to the medical community the movement of the horse is too much on a young child's head and neck. For the health and safety of rider, horse and staff, TRRC has a weight restriction of 190 pounds. All riders agree to be weighed prior to riding as a condition precedent to their participation.

Rules and Regulations: Rider and Responsible Party agree to abide by all TRRC, Inc. rules and regulations which may be issued or amended, orally or written, at TRRC's sole discretion.

Right of Cancellation: Rider or Responsible Party has the right to cancel this agreement and receive a full refund within three (3) business days after TRRC's receipt of the contract. Cancellation must be in writing and delivered in person, or sent by certified or registered mail, to: Therapeutic and Recreational Riding Center, Inc., 3750 Shady Lane, Glenwood, Maryland 21738.

This Agreement constitutes the entire and exclusive agreement between the parties. Any promises, representations, understandings - oral or written - pertaining directly or indirectly to the Agreement which is not contained herein, are hereby waived. This Agreement may be modified only by an instrument in writing and signed by all parties.

 _____
Signature of Responsible Party from Page 1 Date

 _____ 
Required Signature of 2nd Parent/Guardian Date

 **TRRC'S INSURANCE REQUIRES THE 2ND SIGNATURE.**

I affirm under penalties of perjury that I am the sole legal guardian of _____. I agree to indemnify TRRC for any costs including attorney's fees, expert or otherwise in the event that my representation is untrue and I am not the sole legal guardian. This indemnification of TRRC is to be construed as broadly as possible for any claim, allegation or suit requiring TRRC to obtain legal representation and/or pay any damage arising out of my representation to TRRC.

Signature of Responsible Party from Page 1 Date



THERAPEUTIC AND RECREATIONAL RIDING CENTER, INC.



TR Rider Application and Health History

(Note: This form NEEDS 2 (two) signatures on the second page - if not completed, there will be NO RIDING, a ground lesson only!)

GENERAL INFORMATION

Participant: _____

DOB: _____ Age: _____ Weight*: _____ Height: _____ Gender: M F * **For the health and safety of rider, horse and staff, TRRC has a weight restriction of 190 pounds. All riders agree to be weighed prior to riding as a condition precedent to their participation.**

Address: _____ City: _____ State: _____ Zip Code: _____

Main Phone: _____ Cell Phone: _____ Alt. Phone: _____

E-mail: _____

Employer/School: _____ Phone: _____

Address: _____

Parent/Legal Guardian: _____

Caregivers: _____

Address (if different than above): _____

Phone: _____

Referral Source: _____ Phone: _____

How did you hear about the program? _____

Riding Ability: _____ Beginner (Less than 2 yrs. experience) _____ Novice (2-6 yrs. experience) _____ Intermediate (6-12 yrs. experience) _____ Advanced (12+ yrs. experience)

HEALTH HISTORY

Diagnosis: _____ Date of Onset: _____

Please indicate any current or past special needs/concerns in the following areas:

	Yes	No	Comments
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			
Other			

cont. on next page



THERAPEUTIC AND RECREATIONAL RIDING CENTER, INC.



Participant/Rider: _____ DOB: _____

Please list pertinent information under the appropriate heading:

MEDICATIONS (include prescription, over-the-counter & herbal; name, dose, and frequency): _____

Describe your abilities/difficulties in the following areas (include assistance required or equipment needed):

PHYSICAL FUNCTION (e.g., mobility skills such as transfers, walking, wheelchair use, driving/bus riding):

PSYCHOSOCIAL FUNCTION (e.g., work/school issues, grade completed, leisure interests, relationships-family structure, support systems, companion animals, fears/concerns, etc):

GOALS (i.e., why are you applying for participation? What would you like to accomplish?):

To my knowledge, there is no other information about the applicant that is pertinent to TRRC, Inc. and/or riding horses:

Signature of Responsible Party from Page 1 Date Required Signature of 2nd Parent/Guardian Date

★ **TRRC'S INSURANCE REQUIRES THE 2ND SIGNATURE.**

If there is a special circumstance, please contact Dr. Helen Tuel, Founding Director, TRRC, Inc.

I affirm under penalties of perjury that I am the sole legal guardian of _____. I agree to indemnify TRRC for any costs including attorney's fees, expert or otherwise in the event that my representation is untrue and I am not the sole legal guardian. This indemnification of TRRC is to be construed as broadly as possible for any claim, allegation or suit requiring TRRC to obtain legal representation and/or pay any damage arising out of my representation to TRRC.

Signature of Responsible Party from Page 1 Date

It is understood that photographs/videotapes are routinely made of riders, volunteers, staff members and other participants in the program. TRRC, Inc. is hereby granted permission to make use of such photos/videos in which the rider, family or guests may appear for TRRC's publications, presentations for public awareness, educational/research or other purposes.

PHOTO RELEASE

I **DO** **DO NOT** consent to and/or authorize the use and reproduction by TRRC, Inc. 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.

Signature: _____ Date: _____

Rider, Parent or Legal Guardian
Signed in presence of Center staff



THERAPEUTIC AND RECREATIONAL RIDING CENTER, INC.

Authorization for Emergency Medical Treatment



Rider's Name: _____ DOB: _____ Phone: _____

Address: _____

Primary Physician Name: _____ Phone # _____

Preferred Medical Facility: _____

Health Insurance Co.: _____ Policy # _____

Allergies to medications: _____

Current medications: _____

In the event of an emergency, contact:

Name: _____ Relationship: _____ Phone #: _____

Alt. Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Alt. Phone #: _____

CONSENT PLAN: In the event emergency medical aid or treatment is required due to illness or injury while receiving services or while on the property of TRRC, Inc., I authorize TRRC, Inc. to:

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

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

Consent Signature: _____ Date: _____

Rider, Parent or Legal Guardian

Signed in presence of Center staff

Printed Name of Above: _____ Phone # _____

NON-CONSENT PLAN: I do not give my consent for emergency medical treatment/aid in the case of illness or injury while receiving services or while on the property of TRRC, Inc.

___ Parent, legal guardian or caretaker will remain on site at all times during equine assisted activities

___ In the event emergency treatment/aid is required, I wish alternate procedures to take place:

Non-Consent Signature: _____ Date: _____

Rider, Parent or Legal Guardian

Signed in presence of Center staff

Printed Name of Above: _____ Phone # _____



THERAPEUTIC AND RECREATIONAL RIDING CENTER, INC.



Date: _____

Dear Health Care Provider:

Your patient, _____
(*participant's name*)

is interested in participating in supervised equine activities.

In order to safely provide this service, our center requests that you complete/update the attached Medical History and Physician's Statement form. Please note that the following conditions may suggest precautions and contraindications to equine activities. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

Orthopedic

Atlantoaxial Instability - include neurologic symptoms
Coxarthrosis
Cranial Defects
Heterotopic Ossification/Myositis Ossificans
Joint subluxation/dislocation
Osteoporosis
Pathologic Fractures
Spinal Joint Fusion/Fixation
Spinal Joint Instability/Abnormalities

Neurologic

Hydrocephalus/Shunt
Seizure
Spina Bifida/Chiari II Malformation/Tethered
Coel/Hydromyelia

Other

Age - under 4 years
Indwelling Catheters/Medical Equipment
Medications - e.g., Photosensitivity
Poor Endurance
Skin Breakdown

Medical/Psychological

Allergies
Animal Abuse
Cardiac Condition
Physical/Sexual/Emotional Abuse
Blood Pressure Control
Dangerous to Self or Others
Exacerbations of Medical Conditions (e.g., RA, MS)
Fire Setting
Hemophilia
Medical Instability
Migraines
PVD
Respiratory Compromise
Recent Surgeries
Substance Abuse
Thought Control Disorders
Weight Control Disorder

Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in equine-assisted activities, please feel free to contact TRRC Inc. at the address/phone listed below.

Sincerely,

DR. HELEN TUEL, Founding Director, TRRC, Inc.
410-489-5100



Medical History and Physician's Statement

Participant: _____ DOB: _____ Height: _____ Weight: _____

Address: _____

Diagnosis: _____ Date of Onset: _____

Past/Prospective Surgeries: _____

Medications: _____

Seizure type: _____ Controlled: Y N Frequency: _____ Duration: _____ Date of last: _____

Shunt Present: Y N Date of last revision: _____

Special Precautions/Needs: _____

Mobility: Independent Ambulation Y N Assisted Ambulation Y N Wheelchair Y N

Braces/Assistive Devices: _____

TRRC, Inc. requires that individuals with Down syndrome be fully examined annually for Atlantoaxial Instability. Once a negative baseline is established, further X-rays are at the discretion of the parents and physician.
Date of X-rays: _____ Radiologist: _____ Results: + -
Neurological symptoms of Atlanto-Axial Instability: Present Absent

Table with 4 columns: Please indicate any special needs/concerns, Yes, No, Comments (if necessary, continue on back). Rows include Auditory, Visual, Tactile Sensation, Speech, Cardiac, Circulatory, Integumentary/Skin, Immunity, Pulmonary, Neurologic, Muscular, Balance, Orthopedic, Allergies, Learning Disability, Cognitive, Emotional/Psychological, Pain, Other.

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine-assisted activities. I understand that the PATH Intl. accredited center, TRRC, Inc., will weigh the medical information given against the existing precautions and contraindications. Therefore I refer this person to TRRC, Inc. for ongoing evaluation to determine eligibility for participation.

Name/Title: _____ MD DO NP PA Other _____

Signature: _____ Date: _____

Address: _____

Phone: _____ License/UPIN Number: _____



Confidentiality Policy and Agreement

TRRC, Inc. shall preserve the right of confidentiality for all individuals in its program. Any and all full and part-time staff, independent contractors, temporary employees, board members, volunteers, and others, shall keep confidential all medical, social, referral, personal, and financial information regarding a person and his/her family.

TRRC, Inc. recognizes that a rider/participant of his/her family members may not have legal authority to disseminate information, whether due to age or mental capacity. As a general rule, infants and children under the age of 18 years DO NOT have legal authority to consent to disclosure. Only parents, legal guardians, or others (as defined by the state statute) have this authority. Adults with developmental disabilities are presumed legally competent to give or deny disclosure unless they have been adjudicated incompetent to make this type of health care decision. If a substitute decision-maker has been appointed, TRRC, Inc., and its representatives, must obtain specific and informed written consent from that individual.

The policy extends to all situations involving TRRC, Inc. and its clients, whether or not any information was disseminated accidentally or on purpose.

TRRC, Inc. shall not disseminate to its employees or others, knowledge of a person's medical or sensitive information unless there is a risk to others through casual contact and permission has been obtained.

TRRC, Inc. shall reserve the right to use universal precautions for all situations in which staff may be exposed to the blood of a rider. TRRC, Inc. shall act under the assumption that all riders may have a blood borne disease. Such actions do not indicate a breach of confidentiality, but rather a general policy for use in all situations in which persons are exposed to another's blood.

TRRC, Inc. shall only disclose information to outside agencies/individuals with the specific written consent of the rider/legal representative. In cases of medical emergency due to illness or injury while receiving services or while on the property of TRRC, Inc., this policy shall recognize the required Authorization for Emergency Medical Treatment as such required written consent.

Any breach of the above confidentiality policy by staff, volunteers, and other persons will result in:

- 1) a documented verbal warning;
- 2) a formal written reprimand;
- 3) dismissal.

Confidentiality Statement

By signing below, I certify that I understand and will observe the confidentiality policy of TRRC, Inc.

Signature	Date	Witness Signature	Date
Print Name			

THERAPEUTIC AND RECREATIONAL RIDING CENTER, INC.



TRRC Fire Evacuation Procedure



THE BOTTOM PORTION MUST BE SIGNED and RETURNED TO TRRC!

When the FIRE ALARM sounds:

- All riders and family members must immediately and orderly exit the Rider Support Building, stalls or arena and proceed to the **flag court** at the top of the hill. Delay in exiting the building could interfere with trained staff assisting riders needing support, and the horses.
- Exit the building at the nearest **EXIT** (marked with the red EXIT sign and a spot light).
- All riders on the trails will dismount and remain in radio contact to await further instruction.
- Do NOT return into any building, stall or arena again for ANY REASON.
- A senior staff member has been assigned to sweep the building and assure that every single person is out of the building and all rooms are vacated. Once the building has been checked, the staff will be able to assist with the horses.
- Do NOT go into any of the riding arenas or stalls to help the staff, or to retrieve riders or horses. The staff has been trained on the proper emergency evacuation procedures and will join family members at the flag court. NO HORSES WILL BE RESCUED UNTIL ALL PEOPLE ARE SECURED SAFELY.
- Do NOT attempt to assist with the horses. They could become very unpredictable and dangerous with all of the activity, noise and smells. Allow only trained staff members to work with the horses.
- Do NOT drive away from TRRC when the fire alarm sounds even if you have your rider. Moving vehicles will add to the confusion and are too dangerous with all of the movement of people and horses.
- All vehicles and debris must stay clear of the fire lanes and driveway to allow access by Emergency Vehicles.
- Once the "All Clear" is given, staff, riders, and family members can proceed back to the buildings for normal operations.

Thank you for following these life-saving procedures to assure the safety of our loved ones, both human and animal.

By signing below, I agree to follow the Fire Evacuation Procedures

Rider/Guardian Signature Date

YOUR COPY

Cut Here

By signing below, I agree to the Fire Evacuation Procedures

Rider/Guardian Signature Date

Printed Name of Rider/Participant

TRRC'S COPY
(Fire Evacuation)



Parent/Guardian/Caregiver Information Sheet

Thank you for choosing TRRC, Inc. Our primary goal at TRRC is **safety**. You can help us to keep your child safe by following a few simple rules:

- Please arrive 30 minutes before your child's lesson to allow sufficient time to be ready for the lesson.
- **Remember to have your child wear the proper riding clothing: ASTM/SEI approved helmet, boots and long pants. Students will not be allowed to ride in sneakers or shorts. She/he must always wear an ASTM/SEI approved helmet when mounted.**
- No dangling jewelry. No perfumes, as they attract bees and biting insects.
- Assist your child with getting their horse only if you feel comfortable and the student has been approved for this activity. Allow the student to do the job as much as possible.
- Please do not mount the student unless requested to do so by the instructor.
- The relationship between the instructor and rider is very important. If your child is having any problems or has special needs, please inform the instructor about it. We are here for you.
- Please do not enter stalls or allow your child, siblings, and friends to do so unless supervised by staff.
- Do not put your hands or allow your child, siblings, and friends to put hands through the bars of the stall. Horses are strong and might mistake a finger for a carrot. Please follow our "carrotting policy" and place the treat on a dish and slip it under the door.
- You are welcome to bring treats for the horses. Carrots, apples and horse cookies are all welcome; no sugar cubes or candy, please - it hurts their teeth.
- Please remind your child, siblings, and friends not to run or make loud noises in the rider support building, arena, and around the horses.
- When in the observation room, do not tap on the glass – it scares the horses. Encourage children to speak, move quietly in this area – strong sounds can scare the horses.
- Please no flash photography. The flash may frighten the horses. If time allows, staff will be happy to take the horse outside into better lighting.
- No dogs are allowed in or around the barn and arenas (indoors or outdoors). If you bring your dog and need to walk it, please keep it on the leash and well away from the horses and riders.
- If you see anything that might be unsafe or dangerous, such as reins that are hanging loose or someone in trouble, PLEASE notify a staff member immediately.
- **We encourage all family members to be current in CPR/First Aid.** The Center has an AED (Automated External Defibrillator) – an oxygen tank is located with the AED. Staff is certified annually in its use.
- We welcome your help. If you would like to volunteer, please let us know.
- If there is anything you need, please do not hesitate to ask.



Therapeutic and Recreational Riding Center, Inc.

Billing Information Sheet (TR)



PRINT ALL INFORMATION

DATE: _____

Rider Name: _____
(PRINT) Last

_____ First

Address: _____
(PRINT) Street

_____ City _____ State _____ Zip

For emergency notifications, including closure due to inclement weather, INDICATE PREFERRED CONTACT NUMBER WITH AN ASTERISK (*)

Home Phone: _____ Alt. Phone: _____

Cell Phone: _____

E-mail address: *PRINT CLEARLY!* _____

Rider DOB: _____ (mm/dd/yyyy)

Preferred method to receive monthly statement: Email _____ Hard mail _____

Printed Names of Parent(s)/Guardian(s): _____

Therapeutic and Recreational Riding Center, Inc. 3750 Shady Lane, Glenwood, MD 21738

Office: 410-489-5100 Fax: 410-489-3663 trrc01@aol.com www.trrcmd.org



Confidentiality Policy and Agreement

TRRC, Inc. shall preserve the right of confidentiality for all individuals in its program. Any and all full and part-time staff, independent contractors, temporary employees, board members, volunteers, and others, shall keep confidential all medical, social, referral, personal, and financial information regarding a person and his/her family.

TRRC, Inc. recognizes that a rider/participant of his/her family members may not have legal authority to disseminate information, whether due to age or mental capacity. As a general rule, infants and children under the age of 18 years DO NOT have legal authority to consent to disclosure. Only parents, legal guardians, or others (as defined by the state statute) have this authority. Adults with developmental disabilities are presumed legally competent to give or deny disclosure unless they have been adjudicated incompetent to make this type of health care decision. If a substitute decision-maker has been appointed, TRRC, Inc., and its representatives, must obtain specific and informed written consent from that individual.

The policy extends to all situations involving TRRC, Inc. and its clients, whether or not any information was disseminated accidentally or on purpose.

TRRC, Inc. shall not disseminate to its employees or others, knowledge of a person's medical or sensitive information unless there is a risk to others through casual contact and permission has been obtained.

TRRC, Inc. shall reserve the right to use universal precautions for all situations in which staff may be exposed to the blood of a rider. TRRC, Inc. shall act under the assumption that all riders may have a blood borne disease. Such actions do not indicate a breach of confidentiality, but rather a general policy for use in all situations in which persons are exposed to another's blood.

TRRC, Inc. shall only disclose information to outside agencies/individuals with the specific written consent of the rider/legal representative. In cases of medical emergency due to illness or injury while receiving services or while on the property of TRRC, Inc., this policy shall recognize the required Authorization for Emergency Medical Treatment as such required written consent.

Any breach of the above confidentiality policy by staff, volunteers, and other persons will result in:

- 1) a documented verbal warning;
- 2) a formal written reprimand;
- 3) dismissal.

Confidentiality Statement

By signing below, I certify that I understand and will observe the confidentiality policy of TRRC, Inc.

Signature	Date	Witness Signature
Date		Date
Print Name		