



## 2024-2025 Client Information Packet

# Prep Day Program

281-356-5900 | F: 281-356-5901 | 29500 Tudor Way Magnolia, TX 77355

Dear Prospective JoyRide Participant,

Thank you for your interest in the JoyRide Center Preparatory Program. The mission of the JoyRide Center is to help people with different abilities find more joy in life through equine-assisted activities and functional/life skills education. Our program serves individuals with disabilities who are no longer eligible for public school services. In order to be considered for this program, applicants must be independent with eating, toileting, or have an aide in attendance, and have no history of behavioral problems.

JRC Prep is a Day Program that functions within the JoyRide Center Therapeutic Horsemanship Program. This relationship allows for a unique blend of functional/pre-vocational training integrated into a worksite. JRC Prep combines the following three distinct pillars of instruction into an integrated program:

1. **Worksite:** JoyRide Center serves as a jobsite for all JRC Prep clients. In this portion of the program, clients become involved in learning pre-vocational skills. This includes aspects of running a small horse farm and facility maintenance.
2. **Production:** JRC Prep clients create numerous products that are used for fundraising events and activities. These products include horse treats, stationery, Christmas ornaments and many others. Clients are involved in every step of the process of making these products.
3. **Functional Lessons:** JRC Prep utilizes our full kitchen and laundry facilities to perform various tasks such as meal preparation, launder items for the therapeutic riding program, socializing, leisure activities and outdoor leaning activities. PATH instructor led Equine Connections and mechanical riding lessons are also included in the curriculum.

Our Day Program is committed to bringing JOY into the daily lives of our young adults through meaningful, purposeful and age-appropriate programming. Programming is fluid and supports clients' interests and preferences. We offer a unique multi-tiered approach to



adult programming that is client driven. Our goal is personal independence through hands-on tasks targeting daily functional life skills, related academic skills, and vocational skills. Class sizes are limited to 9 participants with a certified special education teacher and an assistant teacher. This client-instructor ratio supports individualizing tasks to meet clients' capabilities and challenges. JRC PREP paperwork is specific to that program and can be obtained on our website or by contacting Tara Kennedy, Day Program Manager, [tara@JoyRideCenter.org](mailto:tara@JoyRideCenter.org).

### **Registration Process**

Contact Tara Kennedy to discuss the PREP program and ensure it is a good fit for you.

**Tara Kennedy**, PREP Day Program Manager  
[tara@joyridecenter.org](mailto:tara@joyridecenter.org) or call 281-356-5900

Read the entire client packet and privacy practices policy – [Client Packet & Privacy Practices](#).

Complete the online registration form – [Online Registration](#).

Have our medical form completed and signed by your physician.

Schedule an evaluation OR be added to our wait list.

Once approved for the program, the program manager will discuss availability for classes.

In this packet you will find other useful information about our program, goals, and fees. A great deal of information is communicated to our clients/families and volunteers electronically. When filling out the registration forms, please include a valid email address.

### **Paperwork needed:**

- Complete 2024 JRC PREP Registration Form online.
- Most recent FIE, ARD, and IEP.



## **2024-2025 Semesters**

- Fall 2024 – August 12th – December 13th
- Spring 2025 – January 6th – May 23rd

Calendars are available at the center and on our [website](#).

## **Tuition & Fees**

An annual administrative fee of \$25 is billed each January

### **JRC PREP Day Program**

- Full day - \$70
- Half day - \$45
- Evaluation - \$25

## **Guidelines and Policies**

**How We Are Organized:** JoyRide is governed by a volunteer Board of Directors with a knowledgeable, dedicated staff of professionals. JoyRide receives no funding from any state or federal sources. We rely on private and corporate donations, grants, proceeds from special events and client tuition.

**Summer Semester Option:** Active JRC Prep clients may choose to take the summer off without losing their place in the fall semester as long as:

- A. all updated paperwork, including medical forms, is received in the JRC office by Paperwork Renewal Date
- B. any outstanding tuition payment is paid in full by Paperwork Renewal Date

If active clients choose to take the summer off, these limited number of SUMMER ONLY spots are made available for new clients on the waiting list. A new client who gets into a summer only spot has no guarantee that they will be able to continue in the fall.

**Sessions:** JRC Prep is in session on Mondays, Tuesdays, Wednesdays, and Thursdays from 9:00 am to 3:00 pm. The ratio of staff to participant is kept very low,



with a class size maximum of 9. The staff includes a certified teacher, assistant teacher, instructional assistants and trained volunteers.

### **Tuition/Fees**

- Tuition Rate: **\$70** per day for a full 6-hour day, **\$45** per day for a half 3-hour day (9 am - 12pm or 12 pm - 3 pm).
- Evaluation Fee – **\$25** a one-time, non-refundable fee paid on evaluation day
- Administration Fee - **\$25** a yearly fee paid by all clients billed on your first month's invoice, then again, every January.

**Tuition Assistance:** JoyRide Center has a tuition assistance program, funded by generous donors, which can provide a maximum of 50% of the tuition costs. Interested families may contact Blake Lewis, Office Manager, at [blake@joyridecenter.org](mailto:blake@joyridecenter.org) for information the tuition assistance application.

**Billing:** JoyRide appreciates (and depends on!) tuition being paid in a timely manner, therefore we have the following payment policy:

- Clients are billed at the beginning of each month for JoyRide services rendered the previous month. Payment is due upon receipt.
- Bills are sent out via email to the address you designate on your registration form.
- If a client becomes 2 months behind in payments, they risk being withdrawn from the program.
- If at any time during that semester they are able to pay the total balance due AND their place has not been filled, they may re-enter the program.
- A client who is withdrawn from the program for financial reasons will be placed on the waiting list above clients who have not yet joined the program, but must pay total balance due before returning to the program.
- Due to generous support, JoyRide has a Tuition Assistance Fund. You can find the application on our website, or contact Blake Lewis.

If you need to discuss billing issues, please contact Office Manager, Blake Lewis, [blake@joyridecenter.org](mailto:blake@joyridecenter.org).



Tuition/fees are payable to *JoyRide Center* by cash or check. Payments can be placed in the “Pony Express” box at JoyRide, given to the office manager, or mailed to:

**JoyRide Center**  
**29550 Tudor Way**  
**Magnolia, TX 77355**

**Attendance:**

1. For cancellations you must contact Blake Lewis (office manager) via phone or email, [blake@joyridecenter.org](mailto:blake@joyridecenter.org).
2. Participants are encouraged to attend regularly.
3. Participants could be charged their daily rate if cancellations are made less than 24 hours in advance.
4. Three cancellations in a row OR five cancellations per fiscal year could result in the loss of the client's scheduled appointment time and/or scholarship. Fees may be waived with a doctor's written excuse.

**Excused Absences:** During fall and spring semesters 3 absences are permitted. If more than 5 absences occur during a semester the client could lose their place in the program.

**Illness:** We want to keep everyone healthy; therefore, the client should not attend unless they have been fever-free with no vomiting or diarrhea for at least 24 hours.

**Medical Leave:** Medical leave may be applied to clients who are absent due to a hospital stay or a significant medical issue. The instructor will determine, on a case-by-case basis, if the absences are considered “Medical Leave”. Common illnesses and doctor's appointments are not considered Medical Leave. Clients may have up to 4 consecutive absences for medical leave during a semester without losing their place in the program or being charged a class cancellation fee.

**Long Term Medical Leave:** Long Term Medical Leave is when a client is on medical leave for *more than* 4 consecutive classes. After the 4<sup>th</sup> absence, the client is offered 2 options

**Option 1:** The client may request “Medical Tuition Assistance” to hold their place in the program. This means that the client is responsible for paying half



of the tuition amount for each class missed over 4, and the other half is paid from the JoyRide Tuition Assistance Fund\*\*.

*\*\*This option is only available if the Tuition Assistance program has adequate funds available.*

**Option 2:** The client may choose to give up their place for the rest of the semester so it can be offered to someone on the waiting list. If they choose to give up their place but plan to return to the program in the next semester, they are placed at the top of the Returning Client Waiting List.

If a client has been on medical leave for more than 12 months, they are moved to the bottom of the Returning Client Waiting List and must be re-evaluated before returning to the program. Regular class fee will be charged for re-evaluations.

### **Parking:**

PLEASE DRIVE SLOWLY! We have clients and horses moving across the parking lot throughout the day. Clients may park on the concrete parking area opposite the covered arena. Please do not leave engines running. Be mindful of the sound level of audio systems as to not disrupt classes or horses.

### **Conduct at the Center:**

It is mandatory that everyone complies with all posted safety rules and abide by all posted off-limit areas. JoyRide is a no smoking facility and the use of drugs or alcohol on the property is strictly forbidden. Open carry of handguns is prohibited. Firearms or weapons must be secured and locked in your vehicle while on JoyRide property. No mistreatment, abuse or suggested abuse of any person or animal will be tolerated. We reserve the right to ask anyone to leave the premises.

**Thank you for your interest in JoyRide Center.** We encourage you to complete your registration forms online, they can be found here: [Online Registration](#).



You may also mail forms to:

JoyRide Center  
29550 Tudor Way  
Magnolia, TX 77355

Or fax forms to 281-356-5901.



## JoyRide Center NOTICE OF PRIVACY PRACTICES

**EFFECTIVE DATE:** May 1, 2023

**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.**

### UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

Each time you visit a hospital, physician, dentist, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information often referred to as your health or medical record, serves as a basis for planning your care and treatment and serves as a means of communication among the many health professionals who contribute to your care. Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and helps you make more informed decisions when authorizing disclosure to others.

### YOUR HEALTH INFORMATION RIGHTS

Unless otherwise required by law, your health record is the physical property of the healthcare practitioner or facility that compiled it. However, you have certain rights with respect to the information. You have the right to:

1. **Receive a copy of this Notice of Privacy Practices** from us upon request.
2. **Request restrictions on our uses and disclosures of your protected health information** for treatment, payment and health care operations. This includes your right to request that we not disclose your health information to a health plan for payment or health care operations if you have paid in full and out of pocket for the services provided. We reserve the right not to agree to a given requested restriction.
3. **Request to receive communications of protected health information in confidence.**
4. **Inspect and obtain a copy of the protected health information** contained in your medical and billing records and in any other Practice records used by us to make decisions about you. If we maintain or use electronic health records, you will also have the right to obtain a copy or forward a copy of your electronic health record to a third party. A reasonable copying/labor charge may apply.
5. **Request an amendment to your protected health information.** However, we may deny your request for an amendment, if we determine that the protected health information or record that is the subject of the request:
  - was not created by us, unless you provide a reasonable basis to believe that the originator of the protected health information is no longer available to act on the requested amendment;
  - is not part of your medical or billing records;
  - is not available for inspection as set forth above; or
  - is accurate and complete.

In any event, any agreed upon amendment will be included as an addition to, and not a replacement of, already existing records.

0. **Receive an accounting of disclosures of protected health information** made by us to individuals or entities other than to you, except for disclosures:

- to carry out treatment, payment and health care operations as provided above;
- to persons involved in your care or for other notification purposes as provided by law;
- to correctional institutions or law enforcement officials as provided by law;
- for national security or intelligence purposes;





- that occurred prior to the date of compliance with privacy standards (April 14, 2003);
- incidental to other permissible uses or disclosures;
- that are part of a limited data set (does not contain protected health information that directly identifies individuals);
- made to patient or their personal representatives;
- for which a written authorization form from the patient has been received

0. **Revoke your authorization to use or disclose health information** except to the extent that we have already been taken action in reliance on your authorization, or if the authorization was obtained as a condition of obtaining insurance coverage and other applicable law provides the insurer that obtained the authorization with the right to contest a claim under the policy.

0. **Receive notification if affected by a breach of unsecured PHI**

#### **HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED**

This organization may use and/or disclose your medical information for the following purposes:



**Treatment:** We may use and disclose protected health information in the provision, coordination, or management of your health care, including consultations between health care providers regarding your care and referrals for health care from one health care provider to another.

**Payment:** We may use and disclose protected health information to obtain reimbursement for the health care provided to you, including determinations of eligibility and coverage and other utilization review activities.

**Regular Healthcare Operations:** We may use and disclose protected health information to support functions of our practice related to treatment and payment, such as quality assurance activities, case management, receiving and responding to patient complaints, physician reviews, compliance programs, audits, business planning, development, management and administrative activities.

**Appointment Reminders:** We may use and disclose protected health information to contact you to provide appointment reminders.

**Treatment Alternatives:** We may use and disclose protected health information to tell you about or recommend possible treatment alternatives or other health related benefits and services that may be of interest to you

**Health-Related Benefits and Services:** We may use and disclose protected health information to tell you about health-related benefits, services, or medical education classes that may be of interest to you.

**Individuals Involved in Your Care or Payment for Your Care:** Unless you object, we may disclose your protected health information to your family or friends or any other individual identified by you when they are involved in your care or the payment for your care. We will only disclose the protected health information directly relevant to their involvement in your care or payment. We may also disclose your protected health information to notify a person responsible for your care (or to identify such person) of your location, general condition or death.

**Business Associates:** There may be some services provided in our organization through contracts with Business Associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose some or all of your health information to our Business Associate so that they can perform the job we have asked them to do. To protect your health information, however, we require the Business Associate to appropriately safeguard your information.

**Organ and Tissue Donation:** If you are an organ donor, we may release medical information to organizations that handle organ

**Health Oversight Activities:** We may disclose protected health information to federal or state agencies that oversee our activities.

**Law Enforcement:** We may disclose protected health information as required by law or in response to a valid judge ordered subpoena. For example in cases of victims of abuse or domestic violence; to identify or locate a suspect, fugitive, material witness, or missing person; related to judicial or administrative proceedings; or related to other law enforcement purposes.

**Military and Veterans:** If you are a member of the armed forces, we may release protected health information about you as required by military command authorities.

**Lawsuits and Disputes:** We may disclose protected health information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process.

**Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected health information about you to the correctional institution or law enforcement official. An inmate does not have the right to the Notice of Privacy Practices.

**Abuse or Neglect:** We may disclose protected health information to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Fund raising:** Unless you notify us you object, we may contact you as part of a fund raising effort for our practice. You may opt out of receiving fund raising materials by notifying the practice's privacy officer at any time at the telephone number or the address at the end of this document. This will also be documented and described in any fund raising material you receive.

**Coroners, Medical Examiners, and Funeral Directors:** We may release protected health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release protected health information about patients to funeral directors as necessary to carry out their duties.

**Public Health Risks:** We may disclose your protected health information for public health activities and



procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Worker's Compensation:** We may release protected health information about you for programs that provide benefits for work related injuries or illness.

**Communicable Diseases:** We may disclose protected health information to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose such as controlling disease, injury or disability.

**Serious Threats:** As permitted by applicable law and standards of ethical conduct, we may use and disclose protected health information if we, in good faith, believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

**Food and Drug Administration (FDA):** As required by law, we may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**Research (inpatient):** We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.



## OUR RESPONSIBILITIES

We are required to maintain the privacy of your health information. In addition, we are required to provide you with a notice of our legal duties and privacy practices with respect to information we collect and maintain about you. We must abide by the terms of this notice. We reserve the right to change our practices and to make the new provisions effective for all the protected health information we maintain. If our information practices change, a revised notice will be mailed to the address you have supplied upon request. If we maintain a Web site that provides information about our patient/customer services or benefits, the new notice will be posted on that Web site.

Your health information will not be used or disclosed without your written authorization, except as described in this notice. The following uses and disclosures will be made only with explicit authorization from you: (i) uses and disclosures of your health information for marketing purposes, including subsidized treatment communications; (ii) disclosures that constitute a sale of your health information; and (iii) other uses and disclosures not described in the notice. Except as noted above, you may revoke your authorization in writing at any time.

## FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions about this notice or would like additional information, you may contact our Privacy Officer, Blake Lewis at the telephone or address below. If you believe that your privacy rights have been violated, you have the right to file a complaint with the Privacy Officer at JoyRide Center or with the Secretary of the Department of Health and Human Services or Texas Attorney General's office. The complaint must be in writing, describe the acts or omissions that you believe violate your privacy rights, and be filed within 180 days of when you knew or should have known that the act or omission occurred. We will take no retaliatory action against you if you make such complaints.

The contact information for both is included below.

<b>U.S. Department of Health and Human Services</b> Office of the Secretary 200 Independence Avenue, S.W. Washington, D.C. 20201 Tel: (202) 619-0257 Toll Free: 1-877-696-6775 <a href="http://www.hhs.gov/contacts">http://www.hhs.gov/contacts</a>	<b>Office of the Texas Attorney General Consumer Protection Division</b> PO Box 12548 Austin, TX 78711-2548 Tel: (512) 463-2100 Toll Free: (800) 252-8011 <a href="https://www.oag.state.tx.us/forms/cpd/form.php">https://www.oag.state.tx.us/forms/cpd/form.php</a>	<b>JoyRide Center</b> Blake Lewis 29550 Tudor Way Magnolia TX 77355 281-356-5900 281-356-5901
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## NOTICE OF PRIVACY PRACTICES AVAILABILITY

This notice will be prominently posted in the office where registration occurs. You may obtain a copy upon request, and the notice will be maintained