



## Dear Prospective JoyRide Horsemanship Program Client

We welcome your interest in the JoyRide Center therapeutic horsemanship program. We look forward to working with you to accomplish your goals and to enjoy the experience of riding in a fun, successful environment.

In order to provide the best therapeutic benefit and the safest environment to our clients, JoyRide has established some guidelines for acceptance into the program.

- Clients should be at least 3 years of age (2 yr olds may be accepted if appropriate) and have emerging head and neck control.
- To reduce the risk of injury to clients, volunteers and horses, **weight guidelines** have been established. Please refer to the Client Guidelines (page 7) in this packet.
- Please review the list of **precautions and contraindications** (found at the bottom of page 3). If the individual has one or more of these conditions, therapeutic riding may not be recommended. Please contact our office (281-356-5900) if you have any questions or need additional information.

If the client meets these initial criteria, please call the Horsemanship Program Manager before completing the forms available online. In order to maintain a high quality service to all our clients, program availability is limited; therefore, there could be a waiting list. The Horsemanship Program Manager will communicate the next steps in the process to become a rider.

If you are instructed to go ahead and fill out the paperwork, please note that the "Client Medical History and Physician's Statement" form must be completed and **signed by your physician**. All forms must be completed and returned before the client can be evaluated. Once the completed forms are received, we will contact you to set up an appointment for an evaluation.

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. The enclosed map will help you find the JoyRide Center location.

Please contact **the office, 281-356-5900**, if you have any questions concerning this process. We joyfully look forward to working with you!

Mail or fax forms to: JoyRide Center, Inc.  
New Client Registration  
29550 Tudor Way  
Magnolia, TX 77355  
Fax 281-356-5901





## Program Overview

**The mission of the JoyRide Center is to help people with different abilities find more joy in life through equine-assisted services and physical therapy, along with functional/life skills education.**

We provide three primary programs – Equine Assisted Services(EAS), Physical Therapy (PT), and JRC Prep Day Program.

### 1. EQUINE ASSISTED SERVICES (EAS)

#### a. Education – Riding and Learning

These classes have a strong emphasis on developing riding skills. They also provide therapeutic horsemanship, social connections, competition opportunities, educational support and teach daily living skills that are specific for each person. These lessons are 45-75 minutes, to include both mounted and un-mounted activities, taught by a PATH Intl. Certified Instructor. They may take place outdoors or indoors and may include riding skills, fitness exercises, horse care, arena preparation and team building. Each group lesson includes individualized goals. Horses are an essential part of the team – they facilitate learning, motivation and group skill building. The atmosphere at JoyRide emphasizes the “just right challenge” for each person.

#### b. Developmental Skills – Bridging the Gap

These are riding classes for clients who are not yet ready to focus on horsemanship skills. The emphasis is on motor skills, daily living skills and social connections that are specific for each person, usually in a group setting. Developmental Skills classes are 45 minutes and are taught by a PATH Intl. Certified Instructor. Lessons may take place outdoors or indoors and may include pre-riding skills, motor planning, communication, educational readiness and social skills. Horses continue to be a significant part of the team and motivate riders to new levels of development and independence.

### 2. PHYSICAL THERAPY (PT)

JoyRide Center offers therapy using equine movement as a treatment strategy by licensed physical therapists affiliated with the American Hippotherapy Association. This therapy focuses on functional rehabilitative skills such as sensory integration, postural control, motor coordination, gait improvements, communication, cognitive skills, and psychosocial activities. JoyRide provides a truly unique and natural setting to achieve maximum therapy outcomes.

The therapist works one-on-one with the client for 45-60 minutes to include mounted and unmounted activities. Therapeutic exercises on the horse provide improvements in static and dynamic balance, gait, motor planning, educational readiness, and interpersonal skills. Another unique characteristic at JoyRide is the value of the therapeutic team, which includes the volunteers, staff and horse. Horses significantly enhance therapeutic outcomes based on their unique movements and their fun personalities.

### 3. JRC PREP

JRC Prep paperwork is specific to that program and can be obtained on our website or by contacting Jen Bennett, Day Program Manager, [JBennett@JoyRideCenter.org](mailto:JBennett@JoyRideCenter.org).

#### Benefits of Our Programs Can Include:

- Improving muscle tone and coordination
- Improving gross and fine motor skills
- Experiencing the 3-dimensional movement of the horse, which is similar to a person’s normal walking gait and cannot be duplicated in a clinical setting
- Enhancing balance and posture
- Stimulating the cardiovascular system and promoting wellness
- Building self-esteem and confidence
- Developing a meaningful relationship with the volunteers and horse
- Channeling negative or hyperactive behavior into constructive activity
- Increasing ability to follow directions and developing sequencing abilities
- Improving memory and organizational skills
- Improving ability to perform activities of daily living



**How We Are Organized:** JoyRide is governed by a volunteer Board of Directors with a knowledgeable, dedicated staff of professionals. Some staff members are paid employees, while some are volunteers. 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. All instructors at JoyRide are PATH Intl. certified or are working toward this certification. Volunteer Horse Handlers and Sidewalkers are trained in specific methods to help provide our clients with the most beneficial experience possible.

**\*\* Precautions and Contraindications:** (that may prevent/inhibit riding)

**Orthopedic**

Atlantoaxial Instabilities – including neuralgic symptoms  
Coxa Arthrosis  
Cranial Deficits  
Heterotopic Ossification/Myositis Ossificans  
Joint Subluxation/Dislocation  
Osteoporosis  
Pathologic Fractures  
Spinal Fusion/Fixation  
Spinal Instability/Abnormalities

**Neurologic**

Hydrocephalus/shunt  
Seizure  
Spina Bifida/Chiari II malformation/Tethered Cord/Hydromyelia

**Other**

Poor Endurance  
Skin Breakdown  
Medications – i.e. photosensitivity  
Indwelling Catheters

**Medical/Psychological**

Allergies  
Animal Abuse  
Physical/Sexual/Emotional Abuse  
Blood Pressure Control  
Cardiac Condition  
Dangerous to self or others  
Exacerbations of medical conditions (e.g. RA, MS)  
Fire Settings  
Heart Conditions  
Hemophilia  
Medical Instability  
Migraines  
Peripheral Vascular Disease  
Recent Surgeries  
Respiratory Compromise  
Substance Abuse  
Thought Control Disorders  
Weight Control Disorder



## Client Guidelines

**This page contains important information about the policies and procedures of JoyRide Center. Please keep handy to refer to when needed.**

**Semesters:** JoyRide offers spring, summer and fall semesters which vary in length. Calendars are available at the center and on our website, [www.JoyRideCenter.org](http://www.JoyRideCenter.org).

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

1. all updated paperwork, including medical forms, is received in the JRC office by Paperwork Renewal Date **and**
2. 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.

### Lessons/Sessions:

- Equine Assisted Services (EAS)\_ Educational: 45-75 minutes, Developmental: 4 minutes
- Physical Therapy (PT)\_ 45-60 minute JRC Prep Day Program\_ 6 hours/day, 1-4 days/week

Fall and spring lessons/sessions are offered Tuesday -Friday, with morning, afternoon and limited evening times available. The summer schedule may differ. Class Availability pages to choose your preferred class time.

**New Client Registration:** New Horsemanship Program clients must be evaluated by one of our therapists or instructors before being accepted into the program. Upon receipt of all required paperwork, you will be contacted to schedule an evaluation. After the evaluation, you will be advised of any appropriate open class times in the current semester schedule. Acceptance into the program is always dependent upon the availability of volunteers and appropriate horses.

New JRC Prep clients should contact Jen Bennett, Day Program Manager, [jbennett@joyridecenter.org](mailto:jbennett@joyridecenter.org), for information on registration for that program.

### Tuition/Fees Riding Program:

- Evaluation Fee: **\$75-\$100**... a **one-time, non-refundable** fee paid at the time of initial evaluation
- Administration Fee: **\$25**... a **yearly** fee paid by all clients billed on your first month's invoice, then again every January.
- Fall Semester (14 weeks):
  - 75 min. lessons- **\$60, \$840/semester**
  - 60 min. lessons- **\$55, \$770/semester**
  - 45 min. lessons- **\$50, \$700/semester**
- Summer Semester (7 weeks):
  - all lessons 45 minutes, **\$50-\$350/semester**
- Spring Semester (16 weeks):
  - 75 min. lessons- **\$60, \$960/semester**
  - 60 min. lessons- **\$55, \$880/semester**
  - 45 min. lessons- **\$50, \$800/semester**



## Client Guidelines, con't

### Private Pay 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 and considered late if received after the 15<sup>th</sup> of the month.
- Bills are sent out via **email** to the address you designate on your registration form. Please note on your form if you would prefer to have them mailed to you.
- Private pay clients will not be charged for classes **cancelled by JoyRide**; however, if **you** cancel or do not show up for a lesson/session, an **Absence Fee** will be charged equal to your regular class tuition rate.
- During the fall and spring semesters (summer not included), when the JoyRide financial situation allows, each rider may receive one absence per semester without being charged an Absence Fee (excused absence).
- If a client becomes 2 months behind in payments, they have until the 15<sup>th</sup> of the next month to pay the total balance due or they will be withdrawn from the program and their place in the program may be offered to someone on the waiting list.
- If at any time during that semester they are able to pay the total balance due **AND** their place in the program 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.
- If a client is having difficulty staying current on payments, they are encouraged to apply for help from the **Tuition Assistance Fund**. Contact Bookkeeper, Peggy Wagner at [pwagner@joyridecenter.org](mailto:pwagner@joyridecenter.org) for a Tuition Assistance Application.

If you need to discuss billing issues, please contact Bookkeeper, Peggy Wagner at [pwagner@joyridecenter.org](mailto:pwagner@joyridecenter.org).

Tuition/fees are payable to *JoyRide Center* by cash, check, or bank draft through QuickBooks invoicing. Payments can be placed in the "Pony Express" box at JoyRide or mailed to:

JoyRide Center  
29550 Tudor Way  
Magnolia, TX 77355

### Medicaid Waiver Tuition Payments:

If you have Medicaid Waiver funding through a service provider (i.e. Scoggins, Astrocare, REACH), we can contract with that provider to offer services. Please be advised that if, for any reason, the client loses service eligibility or the funder refuses to pay for services, the client's family will be responsible for payment. JoyRide can only bill the service provider for days that you receive services; therefore, if you are absent, JoyRide does not get paid even though all the horses still have to eat and the bills still need to be paid. We base our budget on a certain number of clients riding per semester, so extensive absences can negatively affect our ability to fund the entire program.

**If a client, whose tuition is paid by a service provider, is absent more than 3 times per semester, we will have to assess if we can continue to serve them in our program. Some service providers do not cover the yearly \$25 administrative fee; therefore, it may need to be paid by the client families.**

**Class Cancellations:** We make every attempt not to interrupt the semester with class cancellations; however, occasionally classes need to be cancelled due to instructor illness, horse shortage or dangerous weather conditions. We will call you at the number you have designated on your registration form in the event of a class cancellation.



## Client Guidelines, con't

**Indoor Lessons:** If riding outdoors is not possible, indoor lessons will take place. A curriculum has been developed to create purposeful, fun and educational indoor lessons that address each rider's individual goals. If the weather permits, these lessons may even involve horse interactions on the ground. We are fortunate to have dynamic riding simulator equipment (Miracolt Machines) in our therapy room to provide the benefit of the horse's movement even if we can't ride outside. Starting in Spring Semester of 2020, we will be charging for the first three indoor lessons offered per semester. If we have the need to hold more than three indoor lessons in a single semester you will not be charged past the first three and you will have the option to decline the lessons without being charged. Due to the short Summer semester we will only charge for one (1) indoor lesson. Your instructor will call the number you have designated to inform you if class will be held indoors.

**Paperwork:** The following paperwork is **required** for Horsemanship Program clients and must be renewed annually during June and July regardless of when you enter the program.

1. Registration/Release/Authorization for Emergency Medical Treatment
2. Client Goals/Skills/Health History
3. Client Medical History and Physician's Statement – **to be filled out and signed by physician**
4. Prescription for Physical or Occupational Therapy – **to be filled out and signed by a physician**
5. JoyRide Class Availability
6. JoyRide Seizure Information

### **\*\*Attendance policy changes due to COVID-19\*\***

**Attendance: \*\* All Riding Program clients should respond to the COVID symptom screening text that is issued 24 hours prior to each lesson\*\*** All Riding Program clients should sign in each week by placing a check in the Client Attendance Book under the date. When you register for a semester, volunteers, horses and staff are assigned and look forward to working with you each week. If you are unable to make your class time, please give us **at least 24 hours' notice**. If you know of dates you will be absent, place an "A" in the Client Attendance Book for that date and inform your instructor. **For last minute cancellations, call or text your instructor or the JoyRide office at 281-356-5900.** When a client does not show up for his lesson, volunteers who were assigned to work with them become discouraged and may drop out. This jeopardizes the entire program. **Three absences within one semester without notice (denoted by an "X" in the attendance book) may result in being dropped from the schedule.**

**Illness: \*\*Please follow all COVID protocol guidelines in addition\*\*** We want to keep everyone healthy; therefore, the client should not attend unless he/she has been fever-free with no vomiting or diarrhea for at least the past 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 an absence fee. A new Client Medical History/Physician's Statement form or a written release from your physician will be required in order to resume riding.

**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. Extenuating circumstances may be handled on a case by case basis.

**Clothing Requirements for Riding Program Clients:** We encourage each client to have their own ASTM/SEI approved helmet (can be purchased at Charlotte's Saddlery in Tomball, Tractor Supply or most tack shops). **Please put your name in your helmet.** Helmets are also available at JoyRide, if needed. Note that helmets should be replaced 5 years from manufacturing date or if they get damaged.

Also:

- Riding breeches, long pants or appropriate clothes for your class or the weather (Shorts may be worn when it is hot.) Please do not wear jeans with bling on the pockets- the bling tears up our leather saddles. Jeans should be comfortable to ride in - not too loose and not too tight.
- Closed toe shoes or boots
- Sunscreen, gloves, or jacket, as needed

**Weight Guidelines:** Maximum weight for riders is 225 lbs. Due to the make-up of our horse herd, we have a limited number of spaces for riders between 200 and 225 pounds. Please be aware that onsite verification of reported weight may be required.

**Punctuality:** It is important for a client to arrive approximately 10-15 minutes **prior to** the scheduled class time in order to sign-in, check bulletin boards for announcements, put on your helmet and greet everyone.

**Late Rider Policy:** If a client is late for their scheduled lesson time, JoyRide cannot guarantee he/she will be able to ride. Once the lesson has begun, the instructor may not be able to leave the other riders to mount late arriving students. **Horses will be untacked and volunteers released 15 minutes after the scheduled start time of the class. Continued late arrivals may result in dismissal from the program.**

**Parking:** 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 not to disrupt classes or horses.

**\*\*Sibling policy changes due to COVID-19\*\***

**\*\*Riders are to attend with only one family member/caregiver at this time per COVID policy.**

**Siblings:** If siblings are in attendance with parents of clients participating in class, **parents are responsible for the direct supervision of these children at all times.** Noise and lots of activity can distract riders and horses.

**Dogs:** Due to insurance requirements, dogs are not permitted on the property during class times with the exception of service dogs.

**Conduct at the Center:** It is mandatory that everyone complies with all posted **safety rules** and abide by all posted **off-limit areas**. Anyone whose actions may result in a potentially serious or adverse situation may be asked to leave the premises. Such actions include: threatening the safety of others, being disruptive or abusive, acting inappropriately or dangerously or refusing to comply with JoyRide policies and procedures. 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.



## Client Guidelines, con't

**Client Dismissal:** Please be advised of the following reasons that may lead to discharge from the riding program.

- The client's inability to maintain head and neck control while participating in EAS/PT. Individuals enrolled in Equine Assisted Therapies will be determined on a case-by-case basis by the therapists.
- The client's inability to maintain sitting balance while riding.
- The client exceeds a weight that can safely be managed by staff, volunteers, and/or horses.
- Uncontrolled and/or inappropriate behavior that constitutes a safety risk to client, volunteers, staff and/or horse.
- Any change in the client's physical, medical (including seizure activity), cognitive, or emotional condition that makes EAS or PT unsafe for the client, staff, volunteers and/or horse.
- Nonpayment of fees.
- Three scheduled appointments missed without prior cancellation notice.
- Repeated late arrivals for sessions.
- Disregard of safety policies and procedures, including COVID protocols.



**JoyRide Center, Inc.**  
**NOTICE OF PRIVACY PRACTICES**

**EFFECTIVE DATE:** 8/28/18

**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 enrollment or 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.

6. **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

JoyRide Center, Inc.  
29550 Tudor Way, Magnolia, TX 77355  
281-356-5900 Fax 281-356-5901  
www.joyridecenter.org



7. **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.
8. **Receive notification if affected by a breach of unsecured PHI**

© Copyright 2002-2017, HIPAATraining.com



## 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 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.



**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 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.

© Copyright 2002-2017, HIPAATraining.com



**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, Peggy Wagner, 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, Inc. 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.

<p><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></p>	<p><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.p          hp</a></p>	<p><b>JoyRide Center, Inc.</b>          29550 Tudor Way Magnolia,          TX 77355          281-356-5900          Fax: 281-356-5901  <a href="mailto:contactus@joyridecenter.org">contactus@joyridecenter.org</a>  <a href="http://www.joyridecenter.org">www.joyridecenter.org</a></p>
---	--	--

**NOTICE OF PRIVACY PRACTICES AVAILABILITY**

This notice will be prominently posted in the office where registration occurs. You will be provided a hard copy at the time we first deliver services to you. Thereafter, you may obtain a copy upon request, and the notice will be maintained on the organization’s Web site (if applicable Web site exists) for downloading.



**JoyRide Center, Inc.**

**Acknowledgement of Receipt of Notice of Privacy Practices**

Patient Name: \_\_\_\_\_

I hereby acknowledge that I have received a copy of JoyRide Center's Notice of Privacy Practices. I understand that I have the right to refuse to sign this acknowledgement if I so choose.

_____ <b>Signature of Patient or Legal Representative</b>	_____ <b>Date</b>
_____ <b>Printed Name of Patient's Representative (if applicable)</b>	<b>Relationship to Patient (if applicable)</b> <input type="checkbox"/> Parent or guardian of unemancipated minor <input type="checkbox"/> Court appointed guardian <input type="checkbox"/> Executor or administrator of decedent's estate <input type="checkbox"/> Power of Attorney

-----  
FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices on the following date,

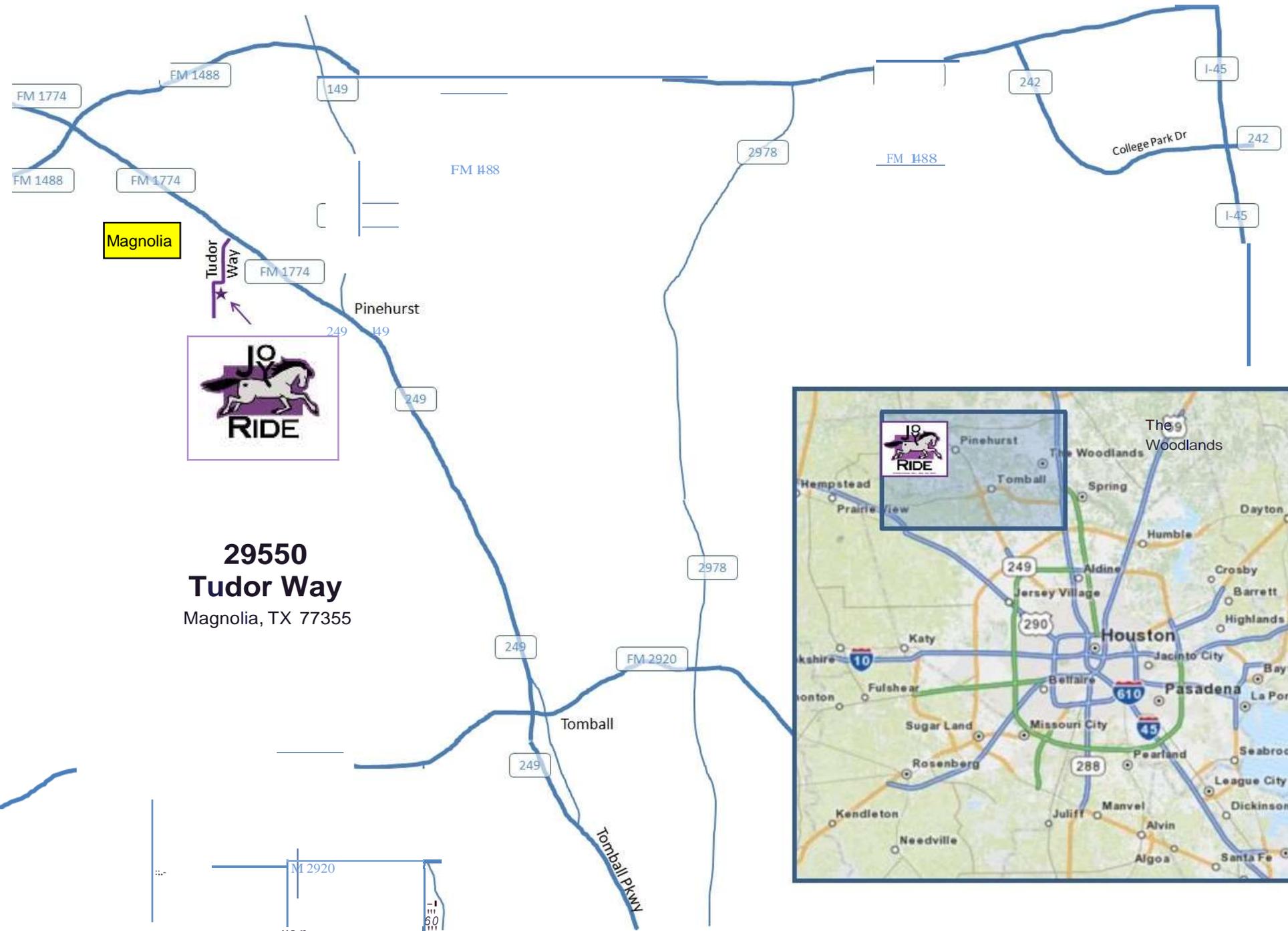
\_\_\_\_\_ but acknowledgment could not be obtained because:

- Patient/representative refused to sign
- Emergency situation prevented us from obtaining acknowledgement at this time (will attempt again at a later date)
- Communication barriers prohibited obtaining acknowledgement (Explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Other (Specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Magnolia



**2950  
Tudor Way**  
Magnolia, TX 77355

