



# 2023-2024 Client Information Packet

## Therapeutic Riding - JoyRide Center

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

Dear Prospective JoyRide Client:

We welcome your interest in JoyRide Center's programs. We look forward to working with you to accomplish your goals. The mission of the JoyRide Center is to help people with different abilities find more joy in life through equine-assisted services, and functional/life skills education.

### **About JoyRide Center:**

JoyRide Center is a PATH Premier Accredited Equine Center. Path Intl., the Professional Association of Therapeutic Horsemanship, has been established since 1969. JoyRide is a 501(c)(3) nonprofit organization 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. 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.

We provide four primary programs: Therapeutic Riding, PREP Day Program, Operation Equine, and Equine Assisted Learning.

### **THERAPEUTIC RIDING PROGRAM:**

These classes have a strong emphasis on developing riding skills. They also provide social connections, competition opportunities, educational support, and teach daily living skills that are specific to each person. The lessons are 45-75 minutes, to include both mounted and unmounted activities, taught by a PATH Intl. certified instructor. They may take place outdoors or indoors on mechanical horses and may include riding skills, fitness exercises, horse care, arena preparation, and team building activities. 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.



## Registration Process

1. Contact the program manager to discuss Therapeutic Riding, to ensure it is a good fit for you.

**Karen Somma**, Therapeutic Riding Program Manager

[karen@joyridecenter.org](mailto:karen@joyridecenter.org) or call 281-356-5900.

2. Read the entire client packet and privacy practices policy – [Client Packet & Privacy Practices](#)
3. Complete the online registration form – [Online Registration](#)
4. Have our medical form completed and signed by your physician
5. Schedule an evaluation OR be added to our wait list.

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

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 6 years of age 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 10-11) in this packet.
- Please review the list of precautions and contraindications (page 3-4). 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 Therapeutic Riding Program Manager before completing the online registration. In order to maintain a high-quality service to all our clients, program availability is limited; therefore, there could be a waiting list. The Program Manager will communicate the next steps in the process to become a rider.

Once you are instructed to fill out the paperwork, please note that the JoyRide Center Medical form must be completed and signed by your physician. All forms, including medical, 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. See rates below for evaluation fees.



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.

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

### **Paperwork needed for Therapeutic Riding:**

- Complete 2023 Therapeutic Riding Registration form online
- JoyRide Center Medical Form – to be filled out and signed by physician

### **Precautions and Contraindications for Therapeutic Riding**

\*Please note on the application if any of the following apply:

#### Orthopedic

Atlantoaxial Instabilities – including neuralgic symptoms

Coxa Arthrosis

Cranial Deficits

Heterotopic Ossification/Myositis

Ossificans

Joint Subluxation/Dislocation

Osteoporosis

#### Neurological

Pathologic Fractures

Spinal Fusion/Fixation

Spinal Instability/Abnormalities

Seizure Disorder

Neurologic Hydrocephalus/shunt

Spina Bifida/Chiari II malformation/Tethered

Cord/Hydromyelia



## Other

Poor Endurance

Skin Breakdown

Indwelling Catheters

Weight over 240 pounds

Medications – i.e. photosensitivity

Allergies

Blood Pressure Control

Medical/Psychological

Animal Abuse

Physical/Sexual/Emotional Abuse

Dangerous to self or others

## **2023-2024 Semesters**

- Fall 2023 – August 28th – December 15th
- Spring 2024 – January 8th – May 24th
- Summer 2024 – Begins June 10th

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

## **Tuition & Fees**

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

- Group Lesson – 45 minutes - \$55
- Group Lesson – 60 minutes - \$60
- Group Lesson – 75 minutes - \$65
- Private Lesson – 30 minutes - \$55
- Evaluation (first time clients) - \$75

Please contact Blake for information on tuition assistance: 281-356-5900 or [blake@joyridecenter.org](mailto:blake@joyridecenter.org)



## **Guidelines and Policies**

### **Participation Requirements**

Individuals may not be allowed to participate in the program if any of the following situations occur:

1. The client's physical condition is in any way exacerbated by riding or receiving services at JoyRide Center.
2. An appropriate horse is no longer available for the Client.
3. The Client's behavior poses safety concerns for the Client, Staff, Volunteer or Horse (at the discretion of the instructor).

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

It is mandatory that everyone complies with all posted safety rules and abides by all posted off-limit areas. Anyone whose actions may result in a potentially serious or adverse situation will 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. We reserve the right to ask anyone to leave the premises.

### **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 in order to not disrupt classes or horses.

### **Late Arrival Policy**

If a client is late to their scheduled session time, JoyRide Center cannot guarantee he/she will be able to ride. Horses may be untacked and volunteers released 15 minutes after the scheduled start time of the class. Please contact the office if you are running late, 281-356-5900. Continued late arrivals may result in dismissal from the program.

### **Attendance & Cancellation Policy**

If JoyRide Center agrees to provide services to our clients and our clients agree to an appointed time, then both parties are responsible for doing their part in making sessions successful. JoyRide Center will have the proper staff, volunteers, and horse waiting for the



client's arrival.

In order to maximize the client's progress, it is critical that he/she attend all scheduled sessions. Arriving late or missing sessions impairs the client's ability to progress, disrupts staff schedules, limits other clients' abilities to obtain goals.

Please note the following:

1. If a client must cancel, please call the office at 281-356-5900, 48 hours or more in advance. For cancellations you must contact Blake Lewis (office manager) via phone or email, [blake@joyridecenter.org](mailto:blake@joyridecenter.org).
2. Participants are allowed one unexcused absence per semester.
3. Participants will be charged their daily rate if cancellations are made less than 48 hours in advance.
4. If the client does not call or attend their lesson time, the absence will be marked as a "no-show". Multiple no-shows may result in removal from program and/or tuition assistance.
5. 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.
6. If possible, JoyRide Center will try to schedule weather related make-up days.
7. If individuals are returning after an injury, recent seizure, or hospital stay, a note from the doctor to return to services is required.

### **Class Cancellations:**

We make every attempt not to interrupt the semester with class cancellations; however, occasionally classes need to be cancelled due to teacher/instructor illness, horse shortage, preparation for competitions, 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.

### **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 (Mechanical Horses) in our therapy room to provide the benefit of the horse's movement even if we can't ride outside.



### **Illness:**

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 4th 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. The regular evaluation fee will be charged for re-evaluations. Extenuating circumstances may be handled on a case-by-case basis.

### **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 and is not permitted.

### **Weather Policy**

1. If heat index is over 105 or if temperature drops below 45 degrees Fahrenheit, ground or indoor lessons may be administered when possible or classes will be cancelled. Clients will not be charged for classes cancelled by JoyRide.



2. JoyRide Center will cancel classes in the event of a Magnolia ISD school cancellation due to weather or if there is a National Weather Service warning for our area (heavy rains, thunderstorms, strong winds, or flooding).
3. In the event of a session cancellation due to inclement weather, JoyRide Center will notify the Client/Participant or the primary contact. Please make sure that JoyRide Center has a current *phone number and email for notification purpose*.
4. Call the JoyRide Center office if you have any questions regarding the weather.

### **General Policies**

1. Clients/Guardians/Parents are required to sign a variety of forms; including but not limited to a photo release, liability release, emergency medical form, and attending physician forms. All forms must be completed and signed prior to any participation in JoyRide Center activities.
2. All clients must have a designated adult on the premises at all times while the client is on JoyRide Center property.
3. For the safety of everyone, off-limit areas are posted. The designated viewing area is on the South side of the arena. JoyRide Center requires that all children be supervised while on JoyRide Center premises.
4. Personal pets are not allowed on property with the exception of service dogs.
5. All clients, staff, and volunteers are required to wear an ASTM-SEI approved equestrian riding helmet during all mounted equine activities unless an Alternative Helmet Waiver has been filed in the client's file.
6. No smoking or vaping on the premises.
7. Clothing Requirements: Closed-toed shoes are required to work with equines. Avoid wearing loose fitting clothing or large jewelry such as dangly earrings or long necklaces.
8. For the safety and respect of others, clients, staff and volunteers will not bring alcohol or drugs onto JoyRide Center premises, nor will clients, staff or volunteers be under the influence of alcohol or drugs while on JoyRide Center premises.
9. If you carry a firearm on your person or in your vehicle, these weapons must remain locked in the trunk of your vehicle at ALL times.
10. JoyRide Center is private property. For admittance outside of operating hours, prior authorization is needed by the Executive Director, Carrie Kennedy.
11. Violation of any of these rules may result in immediate termination from the program.





## **Billing Policies**

### **Private Pay Billing**

- JoyRide appreciates (and depends on!) tuition being paid in a timely manner.
- Clients are billed at the beginning of each month for the prior month's services.
- Payment is due upon receipt.
- Bills are sent out via email to the address you designate on your registration form.
- Private pay clients will not be charged for classes cancelled by JoyRide; however, if you cancel with less than 48 hours' notice, decline an indoor or unmounted lesson, or do not show up for a lesson/session you may be billed your class fee.
- Each student will be allowed one unexcused absence per semester.
- If a client becomes 2 months behind in payments, they risk being withdrawn from the program.
- Due to generous support JoyRide has a Tuition Assistance Fund. You can find the application on our website, or contact Blake Lewis, [blake@joyridecenter.org](mailto:blake@joyridecenter.org).
- If you need to discuss billing issues, please contact Blake Lewis, [blake@joyridecenter.org](mailto:blake@joyridecenter.org), or 281-356-5900.
- 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

### **Service Provider Billing**

- It is the responsibility of the responsible billing party to contact Blake Lewis regarding service provider billing.
- If at any time the service provider declines payment for services rendered, the responsible billing party will be responsible for tuition due.

### **Medicaid Waiver Tuition Payments (Class):**

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 be invoiced to the client per service provider agreement.

## **Therapeutic Riding Policies**

### **Punctuality**

It is important for the client to arrive at least 15 minutes prior to the scheduled class time in order to start the lesson on time.

### **Clothing for Riding:**

- Riders are required 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.
- Riding breeches, long pants, or appropriate clothes for your class for 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.
- Riding boots or hard-soled shoes with heels are required.
- Sunscreen, gloves, or jacket, as needed.

### **Weight Guidelines**

Maximum weight for riders is 240 lbs. Due to the make-up of our horse herd, we have a limited number of spaces for riders between 200 and 240 pounds. Please be aware that onsite verification of reported weight may be required.

### **Client Dismissal**

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

- Three scheduled lessons are missed without prior cancellation notice.
- The client's inability to maintain head and neck control while participating in EAS. Individuals enrolled in Equine Assisted Therapies will be determined on a case-by-case basis by the instructors.
- 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 unsafe for the client, staff, volunteers, and/or horses.
- Nonpayment of fees.

## **JoyRide Center**

### **NOTICE OF PRIVACY PRACTICES**

**EFFECTIVE DATE:** May 1, 2022

**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 procurement or organ, eye or tissue transplantation or to an 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 purposes to a public health authority that is permitted by law to collect or receive the information. The



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.

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 on the organization's Web site for downloading.