

# WE CAN RIDE



P.O. Box 463  
Maple Plain, MN 55359  
(952) 934-0057  
Fax: (952) 974-9688  
www.wecanride.org

## 2021 Session Dates

**Please keep for your own record**

Saturday	Session I:	Jan. 9, 16, 23, 30, Feb. 6. Make-up Feb. 13th.
	Session II:	March 13, 20, 27, (Off April 3rd) April 10, 17, 24, May 1, 8. Make-up May 15 <sup>th</sup> .
	Session III:	June 12, 19, 26, (Off July 3rd) July 10, 17, 24, 31, Aug. 7, Make-up Aug. 14th & 21st.
	Session IV:	Sep. 11, 18, 25, Oct. 2, (Off Oct. 9th) 16, 23, 30, Nov. 6, 13, 20. Make-Up Dec. 4 <sup>th</sup> .
Sunday	Session I:	Jan. 10, 17, 24, 31, Feb. 7. Make-up Feb. 14th.
	Session II:	March 14, 21, 28, (Off April 4th) April 11, 18, 25, May 2, 9. Make-up May 16 <sup>th</sup> .
	Session III:	June 13, 20, 27, (Off July 4th) July 11, 18, 25, Aug. 1, 8. Make-up Aug. 15th & 22nd.
	Session IV:	Sep. 12, 19, 26, Oct. 3, (Off Oct. 10th) 17, 24, 31, Nov. 7, 14, 21, Make-up Dec. 5 <sup>th</sup> .
Monday	Session I:	Jan. 11, 18, 25, Feb. 1, 8. Make-up Feb. 15th.
	Session II:	March 15, 22, 29, (Off April 5th) April 12, 19, 26, May 3, 10, Make-up May 17 <sup>th</sup> .
	Session III:	June 14, 21, 28, (Off July 5th) July 12, 19, 26, Aug. 2, 9. Make-up Aug. 16th & 23rd.
	Session IV:	Sep. 13, 20, 27, Oct. 4, (Off Oct. 11th) 18, 25, Nov. 1, 8, 15 (Off Nov. 22nd) 29, Make-up Dec. 6 <sup>th</sup> .
Tuesday	Session I:	Jan. 12, 19, 26, Feb. 2, 9. Make-up Feb. 16th
	Session II:	March 16, 23, 30, (Off April 6th) April 13, 20, 27, May 4, 11. Make-up May 18th.
	Session III:	June 15, 22, 29, (Off July 6th) July 13, 20, 27, Aug. 3, 10. Make-up Aug. 17 <sup>th</sup> & 24th.
	Session IV:	Sep. 14, 21, 28, Oct. 5, (Off Oct. 12th) 19, 26, Nov. 2, 9, 16 (Off Nov. 23rd) 30, Make-up Dec. 7 <sup>th</sup> .
Wednesday	Session I:	Jan. 13, 20, 27, Feb. 3, 10. Make-up Feb. 17th.
	Session II:	March 17, 24, 31, (off April 7th) April 14, 21, 28, May, 5, 12. Make-up May 19th.
	Session III:	June 16, 23, 30, (Off July 7th) July 14, 21, 28, Aug. 4, 11, Make-up Aug. 18th & 25th.
	Session IV:	Sep. 15, 22, 29, Oct. 6, (Off Oct. 13th) 20, 27, Nov. 3, 10, 17 (Off Nov. 24th) Dec. 1. Make-up Dec. 8 <sup>th</sup> .
Thursday	Session I:	Jan. 14, 21, 28, Feb. 4, 11. Make-up Feb. 18 <sup>th</sup> .
	Session II:	March 18, 25, April 1, (Off April 8th) April 15, 22, 29, May 6, 13. Make-Up May 20th.
	Session III:	June 17, 24, July 1, (Off July 8th) 15, 22, 28, Aug. 5, 12. Make-up Aug. 19th & 26th.
	Session IV:	Sep. 16, 23, 30, Oct. 7, (Off Oct. 14th) 21, 28, Nov. 4, 11, 18 (Off Nov. 25th) Dec. 2. Make-up Dec. 9th.

### **Days Off in the 2021 Riding Season:**

Saturday April 3rd through Friday April 9th.

Saturday July 3rd through Friday July 9th.

Saturday October 9th through Friday October 15th.

Monday November 22nd through Friday November 26th.



## IMPORTANT

### We Can Ride - 2021 Payment Policy

Clients, Families and Caregivers:

We appreciate having you as part of our We Can Ride family! Please read this **2021 Payment Policy Notice** carefully and contact the office if you have any questions ([finances@wecanride.org](mailto:finances@wecanride.org)). Fee changes reflect changes in prices for horse care and upkeep of programming.

<b>2021 Fees:</b>	<b>Group Ground Lessons:</b>	Winter - \$300.00 five-week session Spring, Summer - \$480.00 eight-week session Fall - \$600.00 ten-week session
	<b>Private Ground Lesson:</b>	Winter - \$360.00 five-week session Spring, Summer - \$576.00 eight-week session Fall - \$720.00 ten-week session
	<b>Therapeutic Riding:</b>	Winter - \$360.00 five-week session Spring, Summer - \$576.00 eight-week session Fall - \$720.00 ten-week session
	<b>60 Min. Riding &amp; Ground Group:</b>	Winter - \$460.00 five-week session Spring, Summer - \$736.00 eight-week session Fall - \$920.00 ten-week session
	<b>Semi-Private:</b>	Winter - \$410.00 five-week session Spring, Summer - \$656.00 eight-week session Fall - \$820.00 ten-week session
	<b>60 Min. Riding &amp; Ground Semi-Private:</b>	Winter - \$525.00 five-week session Spring, Summer - \$840.00 eight-week session Fall - \$1050.00 ten-week session
	<b>Private:</b>	Winter - \$475.00 five-week session Spring, Summer - \$760.00 eight-week session Fall - \$950.00 ten-week session
	<b>60 Min. Riding &amp; Ground Private:</b>	Winter - \$600.00 five-week session Spring, Summer - \$960.00 eight-week session Fall - \$1200.00 ten-week session
	<b>Specialty PT/OT:</b>	Winter - \$1,060.00 five-week session Spring, Summer - \$1,696 eight-week session Fall - \$2,120 ten-week session
	NEW Client Screening:	\$65.00 due at the time of the screening
	Annual Registration:	\$60.00 due with registration paperwork
	Family Registration (2 or more):	\$70.00 due with registration paperwork
	Session Deposit:	\$100.00 due with registration paperwork

# WE CAN RIDE



**Responsibility:** A \$100 per session deposit must be made in order to register for each session. This deposit will go toward the total session fee.

- A \$25.00 late fee will be assessed if payment has not been received within a week following each session's due date.
- The deposit is refundable if a cancellation is made **30 days prior to class start date**.
- If a cancellation is made less than 30 days prior to the class start date, the remaining class fee remains the client's responsibility and must be paid in full prior to attending another session. **The entire \$100 deposit is NOT refundable.**
- Exceptions will be made for individuals who pay through a 3<sup>rd</sup> party & on a case by case basis.
- There will be a \$20.00 admin. fee assessed for **refund** checks, when requested.

The full **Session Fee** **must be paid three weeks prior to the start of the Session.** Please contact the Finance Manager at [finances@wecanride.org](mailto:finances@wecanride.org) prior to the payment due date if you need to make arrangements due to financial hardship. **All credits will expire at the end of the current calendar year. Unless otherwise instructed, credits will be used to support We Can Ride's program operation.**

If the client is scheduled for more than one session, payment is due only for the immediately upcoming session; payment for the next enrolled session will be due three weeks prior to that session's start date.

We Can Ride does not administer third party billing. You will be invoiced directly. **You are responsible for all charges due on your account, even if you are seeking insurance coverage or waiver services.**

**If the session fee is not paid in full by the payment due date, or arrangements have not been made with the Finance Manager by that date, the client will be removed from class for that session and their spot given to another client.**

**Please read the following guidelines closely before completing page two**  
**Procedures have changed in 2021!**

- ➔ Clients will NOT be placed in a class until ALL paperwork is complete and received by the office and deposit/deposits and registration fees have been paid.
1. Classes fill for the whole year on a “**first come, first serve**” basis.
  2. **2021 Session Layout: Winter – 5 week session, Spring – 8 week session (one off in the middle), Summer – 8 week session (one off in the middle), Fall - 10 week session (two off in the middle) – see payment policy for prices.**
  3. Clients will be placed in their classes according to their assigned level and your preferred time. (Numerical 1-5, specialty OT/PT, ground lessons). If you want a private or semi-private option please see the schedule for available times or ask the Program Director if you need a time that isn’t listed.
  4. Your class confirmations will be sent out by email when you are registered for a class. Your invoice will come in a separate email from the Finance Manager (finances@wecanride.org) at least one month before you are scheduled to ride. Please be sure to add this email to your contacts so invoices don’t go into your spam folder.
  5. You will **NOT** be contacted by the office unless one of your preferred classes or sessions are not available.
  6. **What to do if you will be absent from class:** 1. Call the office for known future absences at: (952)934-0057 and reach instructor line for last minute cancellations or being late to class at: **(612)268-2731**.

**POLICIES AND PROCEDURES**

1. Loss of Class Participation: We Can Ride may remove a Client from participation for any of the following: (a) if there are more than two no-shows for class per Session, (b) payment arrangements have not been made on an outstanding balance; (c) yearly required paperwork has not been turned in to the office; (d) our instructors and/or therapists believe that participation would be contraindicated. See your Client Handbook or call for more information about our policies.
2. Annual Registration Fee: In order to register for classes with We Can Ride, you must pay a non-refundable annual registration fee of \$60.00, which covers the cost of enrolling in classes.
3. Billing Information: **Please see the Payment Policy for specific lesson costs.** Fees must be paid at least three weeks prior to class start date, or the client may be removed from class.
4. Cancellation Policy: You must notify We Can Ride of a session cancellation at least **30 days** prior to the start of the session. We reserve the right to charge you for a cancelled session if less than **30 days’** notice is given. \$100 deposit will be retained if the session is cancelled with less than 30 days to start date.
5. Confidentiality: We Can Ride is bound by confidentiality requirements of state and federal law and does not disclose confidential client information without permission. All clients, parents, guardians and other caregivers agree to abide by the confidentiality rules.

**To Complete Registration & be Placed in a Class, Please Complete ALL that Apply!**

1. 2021 Client Registration (Page 2 -3 - signed by self, parent or guardian)
2. 2021 Client Medical History (Signed by a Physician)
3. 2021 Authorization for Emergency Medical Treatment (Signed by self, parent or guardian)
4. 2021 Specialty Forms (e.g. Spina Bifida Information, physician-completed Down Syndrome AAI, Seizure, Scoliosis Information), if applicable and included in your Registration materials. (Signed by physician). Hipaa and Class Cancellation Forms can be signed by parent or guardian and will be required for specialty PT/OT.
5. 2021 Liability Release (Signed by self, parent or guardian)

## 2021 Returning Client Registration

Please submit this form to the office

Client Name: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Parent/Guardian Employer(s): \_\_\_\_\_

2021 Riding/life Goals: \_\_\_\_\_

Caregiver/person bringing to class (if not guardian): \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Home/Cell Email: \_\_\_\_\_

Please list any times that **absolutely will not** work for you: \_\_\_\_\_

Session (Circle)	Class Type	Day & instructor	Time (please circle/number for preference)				
I, II, III, IV	Private/Semi-private/ground	Tuesday Natalie (SI, II) Michelle (SIII, IV)	9:45-10:45 am 60 Min	11:00-11:45 45 Min	12:15-1:15 pm 60 Min	1:30-2:15 pm 45 Min	2:30-3:30 pm 60 Min
I, II, III, IV	PT/OT	Wednesday Doug	1:30 pm - PT (SII, III, IV only)		2:30 pm - PT	3:30 pm - PT	
I, II, III, IV	PT/OT	Thursday Simone	10:00 am - OT	11:00 am - OT	12:30 pm - OT	1:30 pm - OT	2:30 pm - OT
II, III, IV	Riding	Monday Samantha	5:00 - Private/Semi	6:00-7:00 - (60 Min.) TR & Ground, L.4		7:15 pm - L1-2	
I, II, III, IV	Riding	Tuesday Heather (Natalie SIV)	5:00 - Private/Semi (SIII only)	6:00 - L.3		7:00-8:00 pm - (60 Min.) TR & Ground, L.3	8:15-9:15 pm (60 Min) - L.5
III	Riding	Wednesday Natalie	5:00 - 6:00 (60 min) Private/Semi	6:15 pm - L1-2		7:15-8:15 pm (60 Min) - L3	8:30-9:15 - L4
II, III, IV	Riding	Thursday Michelle H.	4:45 Private/Semi	5:45-6:45 (60 min) L.3	7:00-7:45 L.3	8:00-9:00 pm - (60 Min.) TR & Ground, L.4	
I, II, III, IV	Riding	Saturday Bethany	10:00 am L.1-2	11:00-12:00 pm (60 min) L.4		12:30-1:30 - (60 Min.) Riding & Ground, L.5	1:45-2:45 - (60 Min.) Private Riding & Ground
I, II, III, IV	Riding	Sunday Bethany	10:00 am L.1-2	11:00-12:00 pm (60 min) L.3		12:30-1:30 - (60 Min.) Riding & Ground, L.5	1:45-2:45 - (60 Min.) Private Riding & Ground

**Responsibility for Payment:** I hereby acknowledge that I am ultimately responsible for **all** charges applied to my account **whether or not covered by insurance or waiver**. I further acknowledge that I have read and understood the Payment Policy Notice as well as all additional policies and procedures provided on page one.

**Parent/Guardian Signature X** \_\_\_\_\_ Date: \_\_\_\_\_ Payor: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

3<sup>rd</sup> Party Payor Name: \_\_\_\_\_ 3<sup>rd</sup> Party Contact: \_\_\_\_\_

3<sup>rd</sup> Party Phone: \_\_\_\_\_ 3<sup>rd</sup> Party E-mail Address: \_\_\_\_\_

**Please use the next sheet for Credit Card information**

**Credit Card Information**

**Out of pocket payers'** – Please pay with a check and include with your paperwork.

**3<sup>rd</sup> Party payers'** - This will be processed for registration and deposits for session/s requested if deposits/membership fees have not been received within 45 days of invoice due date. Credit card information will be kept on file (in our system, paper copies will be shredded) and will be processed 45 days after each session invoice due date (only if funds have not been received from 3<sup>rd</sup> party).

\*You may also call and provide this information.

Name on Card: \_\_\_\_\_ Card type: \_\_\_\_\_ CVV: \_\_\_\_\_

CC Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing zip code: \_\_\_\_\_

**We Can Ride 2021**  
**Authorization for Emergency Medical Treatment**  
**Submit to office**

Client's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Clinic Phone: \_\_\_\_\_ Preferred Medical Facility: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

Current medications: \_\_\_\_\_

Please list two people who may be contacted in case of emergency (these may include guardian)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services or while being on the property of the agency, I authorize *We Can Ride, Inc.* to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.
3. To take all other reasonable measures to secure medical aid for the emergency.

**Photo Release**

**CHECK ONE:** I hereby **do consent / do not consent** (Circle one) to and authorize the use and public distribution of any and all photographs of myself or others for whom I am authorized to give consent, including the use of audio/visual materials for promotion, education or exhibition or any other use to benefit *We Can Ride, Inc.*

\*\*\*\*\*

I have read, and understand all the material in this document. I hereby consent and agree to the conditions set forth herein.

Signature of Release  X  \_\_\_\_\_ Date \_\_\_\_\_  
Client, Parent or Guardian

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## We Can Ride

### 2021 Medical History Form

**Physician Signature Required**  
**Submit to office**

NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_ DOB: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PARENT/GUARDIAN: \_\_\_\_\_  
 DIAGNOSIS: \_\_\_\_\_  
 SCOLIOSIS: YES \_\_\_\_\_ NO \_\_\_\_\_ (DEGREE & REGION) \_\_\_\_\_  
 IMMUNIZATIONS UP TO DATE: YES \_\_\_\_\_ NO \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ (MUST BE FILLED TO PARTICIPATE)  
 Allergies: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, to what?: \_\_\_\_\_

SEIZURES: YES _____ NO _____ SEIZURE TYPE: _____
CONTROLLED: YES _____ NO _____ DATE OF LAST SEIZURE: _____

Indicate any problems and/or surgeries in any of the following areas by checking Yes or No; If yes, please comment.

Area	Yes	No	Comments
Vision or Auditory			
Speech Delay			
Attention, Learning			
Cognitive Delay			
Psychological			
Cardiac, circulatory			
Pulmonary			
Neurological			
Orthopedic - scoliosis, subluxation/dislocation, osteoporosis			
Pain			
Tactile Sensation			
Muscular/Balance			
Immunity			
Breathing			
Digestion/Elimination			

**MOBILITY (PLEASE CIRCLE):** INDEPENDENT CANE CRUTCHES BRACES WALKER WHEELCHAIR

PLEASE INDICATE ANY SPECIAL PRECAUTIONS: \_\_\_\_\_

In my opinion, this patient can receive equine assisted therapy (that may include riding) under appropriate supervision. However, I understand that *We Can Ride, Inc.* will determine whether they can safely provide services.

**Doctor Name**

(Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Stamp Address Here:

Clinic Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_



**We Can Ride**  
**2021 MEDICAL HISTORY**  
**INFORMATION PAGE**

Dear Client/Parents:

In order to safely provide equine activities, we request that you complete the attached Medical History form. Note that the following conditions may suggest precautions and contraindications to equine activities. Please review and indicate any precautions or contraindications on the attached form.

**Orthopedic:**

Atlantoaxial Instability - include neurologic symptoms

Coxarthrosis

Cranial Defects

Heterotopic Ossification/Myositis Ossificans

Joint subluxation/dislocation

Osteoporosis

Pathologic Fractures

Spinal Joint Fusion/Fixation

Spinal Joint Instability/Abnormalities

**Neurologic:**

Hydrocephalus/Shunt

Seizure

Spina Bifida/Chari II Malformation/Tethered Cord/Hydromyelia

**Other:**

Age - Under 4 years old

Indwelling Catheters/Medical Equipment

Medications

Poor Endurance

Skin Breakdown

**Medical/Psychological:**

Allergies

Animal Abuse

Cardiac Condition

Physical/Sexual/Emotional Abuse

Blood Pressure Control

Dangerous to Self or Others

Exacerbations of Medical Conditions (RA, MS, etc.)

Fire Setting

Hemophilia

Medical Instability

Migraines

PVD

Respiratory Compromise

Recent Surgeries

Substance Abuse

Thought Control Disorders

Weight Control Disorders

Please keep for your reference



## 2021 Release and Waiver of Liability

The undersigned Participant (the "Participant" or "I") desires to participate in the activities with We Can Ride, Inc., a Minnesota nonprofit corporation, including without limitation, being on property owned or used by We Can Ride, Inc. and engaging with or being near horses (the "Activities"). In consideration for being allowed to participate in the Activities, Participant hereby agrees, on behalf of Participant, and Participant's personal representatives, assigns, heirs, next of kin and any other successors-in-interest who are bound by the terms of this Release, as follows:

1. **ACCEPTANCE OF RISK. I UNDERSTAND THAT EQUINE ACTIVITIES, INCLUDING WITHOUT LIMITATION, RIDING, HANDLING AND BEING NEAR HORSES, AND BEING ON THE PROPERTY OF WE CAN RIDE, INC. HAVE MANY DANGERS AND RISKS AND CAN RESULT IN PERSONAL INJURY, DEATH AND/OR PROPERTY DAMAGE.** I desire to be a part of the Activities and understand and accept that participating in the Activities may entail risks to myself, to others and to property, and that my participation in the Activities is at my own risk.

Under Minnesota law, We Can Ride, Inc. is not liable for personal injury, death or property damage resulting from the inherent risks of equine activities. Pursuant to Minn. Stat. § 604.055, nothing in this Release purports or intends to waive liability for damage, injuries, or death resulting from conduct that constitutes greater than ordinary negligence.

2. **RELEASE AND INDEMNITY.** I agree to release, hold harmless and indemnify We Can Ride, Inc. and each of its owners, agents, employees, officers, directors, representatives, therapists, volunteers, assigns, members, owners of premises and trails, affiliated organizations, insurers and other acting on its behalf ("Representatives") from any and all present or future claims, losses, liabilities, costs and expenses of whatever kind of nature, including attorneys' fees ("Liability"), whether in law or in equity, arising from the Activities, including without limitation We Can Ride, Inc.'s alleged failure to comply with applicable laws and regulations or any Liability for personal injury, communicable diseases, death or property damage which results from the ordinary negligence of We Can Ride, Inc. or its Representatives. **IN NO EVENT SHALL WE CAN RIDE, INC. HAVE ANY LIABILITY FOR ANY CONSEQUENTIAL, INDIRECT, SPECIAL OR PUNITIVE DAMAGES, WHETHER BASED ON TORT OR CONTRACT, OR WHETHER WE CAN RIDE, INC. KNEW OR SHOULD HAVE KNOWN THE LIKELIHOOD OF SUCH DAMAGES.**
3. **OTHER.** We Can Ride, Inc. does not assume any responsibility to provide Participant with financial or other assistance, including but not limited to medical insurance, health insurance, or disability benefits (other than as may be specified in a written employment agreement). We Can Ride, Inc. shall not be liable for the loss of,



**2021 Release and Waiver of Liability page 2**

theft of, or damages to any personal property of Participant. This Release shall be governed by and construed in accordance with the laws of the State of Minnesota and is intended to be as broad and inclusive as permitted by law. If any provision of this Release is held invalid, illegal or unenforceable, the validity, legality or enforceability of the remaining provisions shall not be affected.

**BY SIGNING THIS RELEASE, I EXPRESSLY STATE THAT I HAVE READ AND UNDERSTAND ITS TERMS AND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS AND I INDICATE MY INTENT TO ENTER INTO THIS RELEASE KNOWINGLY AND VOLUNTARILY.**

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

**PARENT OR GUARDIAN SIGNATURE**

(Must be completed by all parents and guardians for participants under the age of 18)

**BY SIGNING THIS RELEASE, I CERTIFY THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE PARTICIPANT, THAT I HAVE LEGAL AUTHORITY OVER PARTICIPANT, THAT I HAVE READ AND UNDERSTAND THE TERMS OF THIS RELEASE, AND THAT I FREELY SIGN THIS RELEASE AND WILL ABIDE BY ITS TERMS FOR MYSELF AND ON BEHALF OF PARTICIPANT.**

\_\_\_\_\_  
Parent or Guardian Print Name

\_\_\_\_\_  
Relationship to Participant

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date



# We Can Ride Weight Limits

In keeping with our veterinarian's' recommendations, the following rider weight limits have been established. Depending on horses and volunteers available, WCR reserves the right to refuse service to anyone in order to provide the safest service. Special consideration will be made, if necessary, based on muscle tone and mobility. **Please be sure the medical history form height/weight is listed and accurate!**

**\*Weights for hippotherapy follow different guidelines.**

<b><u>Height</u></b>	<b><u>Maximum weight</u></b>
<b>Under 5 feet</b>	<b>- 150 lbs</b>
<b>5' – 5'6"</b>	<b>- 165 lbs</b>
<b>5' 7" – 6'</b>	<b>- 180 lbs</b>
<b>6'1" – 6' 5"</b>	<b>- 190 lbs</b>

## 2021 Confidentiality & HIPPA For PT/OT Clients

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### **From the WCR's Employee Handbook regarding confidentiality:**

WCR's policy is to ensure that the operations, activities, and business affairs of WCR and its clients are kept confidential to the greatest possible extent. WCR recognizes the right of riders and their families for privacy and control over any information about them that might be personal or sensitive. In order to respect that right, WCR has adopted this policy regarding confidentiality. If during their association with WCR, individuals acquire confidential or proprietary information about WCR and its clients; such information is to be handled in strict confidence and not to be discussed with persons not connected with WCR activities.

Those bound by the directives of this policy are all persons in any way connected with WCR, including but not limited to: full and part time staff, volunteers, board members, temporary employees, independent contractors, and instructor workshop/training/certification participants. Any individuals violating this policy will be subject to disciplinary action including reprimand, alteration of job responsibilities, and termination of employment or volunteer responsibilities.

Information considered to be confidential includes all medical, social, referral, personal, and financial concerns regarding a rider and his or her family. Such information is considered confidential regardless of how it is obtained, whether directly from the rider or family or inadvertently from a chart, computer screen, or overheard conversation.

Consent to disclose information to outside individuals or agencies, including photograph and videotapes, should be obtained in writing from the proper legal representative. For most children under the age of 18, this would be the parent or legal guardian. Adults over 18 with developmental disabilities are presumed to be competent to give consent unless they have specifically been found incompetent in a court of law. In such a case, a substitute decision maker is assigned, and consent must be obtained from that person.

### **CONFIDENTIALITY**

#### **In day to day center operations WCR will do the following to safeguard participant confidentiality:**

1. Ensure that all fellow employees, volunteers, and visitors read and sign the confidentiality policy.
2. Conduct conversations about participant's progress, medical changes, goals, or anything else that might be considered private, in a confidential and private place.
3. Posted information will not include the participant's last name unless express permission has been obtained.
4. The drawers containing participant files will be locked as part of the daily closing procedures.
5. Instructors will share with volunteers only what they need to know to be safe and effective in their role as horse leader or side walker.

## HIPPA

In addition to the above, all participants who are seen at WCR by a therapist (e.g. hippotherapy) must also, by law, sign a WCR HIPPA form (outside agencies sometimes also require their own form to be signed), the text of which follows below.

### **AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION PURSUANT TO HIPAA (Health Insurance Portability and Accountability Act of 1996)**

I give permission for the staff and therapists of the We Can Ride Inc. to contact appropriate physicians and health care providers as necessary and related to my treatment at WCR. I give permission for WCR staff and therapists to share information with one another as appropriate and related to treatment. I authorize WCR staff and therapists to perform treatments necessary and to make referrals as needed. I understand that the medical information released by this authorization may include information concerning treatment of physical and mental illness, alcohol/drug abuse and past medical history.

I agree that these provisions will remain in effect until I provide written revocation to WCR. I understand that I may revoke this authorization in writing at any time except to the extent that action has been taken based on this authorization. I understand that revocation will not apply to information that has already been released as specified by this authorization.

I understand that treatment, payment, enrollment or eligibility of benefits may not be conditioned upon my execution of this authorization. I understand that authorization for the disclosure of this health information is voluntary and I can refuse to sign this authorization. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules.

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Self or Guardian Printed Name: \_\_\_\_\_

Signature(Guardian signature required if under 18): \_\_\_\_\_



## 2021 Occupational Specialty Therapy Policy

In order to maximize therapy progress, it is critical that you attend all therapy appointments. Missing therapy appointments not only impairs progression, it also disrupts schedules, limits services available to others and may affect your ability to receive agency coverage. It is important that therapy appointments are maximized due to costs.

### Please note the following policy:

1. Physical and Occupational charges will be billed by 15 minute increments. Billing time includes consultation time, as well as time on/with the horse.
2. A variable facility fee will be charged in conjunction with the PT/OT charges to equal the total fee (listed on payment policy) for an hour session.
  - a. If you are scheduled for a shorter session, that will be reflected in both charges.
  - b. Example of charges: If the client rides for 30 minutes, you will be charged a PT/OT fee for the 30 minutes, the remaining 30 minutes will be charged as the variable facility fee (at the same cost as the PT/OT charges).
2. If proper notice is given, clients are allowed one, uncharged absence per session. All other absences will reflect a 100% facility fee charge. For the one allowed absence - \$53.00 fee will be charged for the absence where proper notice is **not** given.
3. If no classes were cancelled for weather or staff absences, a make-up may be offered at the end of the session and will go towards offsetting the allowed absence. Clients are encouraged to attend.

### 4. We Can Ride must be notified **at least 24 hours in advance for planned absences**

952-934-0057. For all other absences, please let us know as soon as you are aware of a conflict. Last minute cancellation number is 612-268-2735.

3. Unless prior arrangements have been made, all clients paying out of pocket and at the time of service will be required to have a credit card on file. Credit cards will be charged for therapy proceeding each week.

5. If a cancellation for the remainder of a session is made, without medical necessity, a 100% facility fee will be charged for each remaining appointment.

7. 2 cancellations/no shows per session OR 5 cancellations per year could result in the loss of your therapy sessions and scholarship for the remainder of the year. If it is necessary for WCR to cancel the remainder of your session due to absences, clients will be charged a 100% facility fee for the remainder of the session.

8. Clients submitting to third party payers should assume that the agencies will not pay these charges so families should be prepared to pay out of pocket.

**9. Cancellation fees are due upon receipt of bill; unpaid fees will result in forfeiture of future classes.**

Client Name: \_\_\_\_\_

Parent/Guardian/Self Signature: \_\_\_\_\_ Date: \_\_\_\_\_