



GaitWay Therapeutic Horsemanship

Statement and Agreement on Confidentiality

During your activities related to GaitWay Therapeutic Horsemanship (hereafter referred to as GaitWay), you may be exposed to a rider's confidential information. It is the legal and ethical responsibility of all GaitWay staff and volunteers to preserve and protect the privacy rights of our rider's. Laws controlling the privacy of, access to and maintenance of confidential information include, but are not limited to, the federal health Insurance Portability and Accountability Act (HIPAA) and the relevant laws of the state of Louisiana. These and other laws apply whether the information is held in electronic or any other form, and whether the information is used or disclosed orally or in writing.

Confidential information includes information that identifies or describes an individual and the disclosure of which would constitute an unwarranted invasion of person privacy. Examples of confidential rider information include home address and telephone number, medical information (described in the next paragraph), birth date, citizenship, social security number, spouse/partner/relative's name(s), and evaluations, whether in written form or stored electronically, related to activities the rider performs in connection with GaitWay.

medical information includes the following: medical and psychiatric records, including paper printouts, photos, videotapes, diagnostic and therapeutic reports, x-rays, scans, laboratory and pathology reports; client business information, such as bills for service or insurance information; electronically stored or transmitted rider information; verbal information provided by or about a client; instructor or physician evaluation forms, whether in written or electronic form; or other information the disclosure of which would constitute an unwarranted invasion of privacy.

Acknowledgement of your responsibility

I understand and acknowledge that:

It is my legal and ethical responsibility to preserve and protect the privacy, confidentiality and security of all records and other confidential information relating to GaitWay, its rider's, activities and affiliate, in accordance with applicable law.

I agree to discuss confidential information only in the context of my duties and activities for GaitWay. I will not knowingly discuss any confidential information within the hearing of other persons who do not have the right to receive that information. I agree to protect the confidentiality of any medical or other confidential information which is incidentally disclosed to me in the course of my duties and activities with GaitWay.

I understand that psychiatric records, drug abuse records, and any and all references to HIV testing used to identify HIV or a component of HIV, are especially protected by law.

I understand that any violation of any of the procedures and policies of GaitWay or Farr Park's Horse Activity Center related to confidential information, or of any state or federal laws or regulation governing a rider's right to privacy, may subject me to legal and/or disciplinary action up to and including immediate termination of my relationship with, and activities for GaitWay.

I understand that I may be criminally liable for harm resulting from my breach of the Agreement and that I may also be held criminally liable under the HIPAA privacy regulations for an intentional and/or malicious release of protected health information.

Agreed to by _____ Date _____

Print Name _____

***This form MUST be signed by ALL volunteers, staff, employees, and the adult riders or the parent/Legal Guardian of a rider who is under age annually!