



Welcome to Promise Ranch!

We understand that the amount of paperwork required during the first visit can be overwhelming. This information is important for your care. Please fill out forms as completely as possible and have them ready before your first counseling session. If you feel uncomfortable with any question, you may leave it blank and we can discuss it when we meet. *Thank you.*

Forms Required

1. This Intake Packet

And the following attached or found at our [website](#):

2. [Release of Liability](#), which requires signatures
3. [HIPAA Notice of Privacy Practices](#)
4. [Promise Ranch General Policies](#)
5. Your Therapist will also give you a copy of **Informed Consent and Clients Rights Policy**

***Youth ages 12 and over, please fill out pages 1-4.**

***Parents/Guardians of children of all ages, please fill out pages 5-11.**

*****Youth Section*****

CLIENT INFORMATION

Name: _____ Preferred Name: _____

Date of Birth: _____ Age: _____ Gender Assigned at Birth: _____

Pronoun Preference: she/hers he/his they/them ask me

Phone (Cell): _____ Messages okay? ____ Text reminder okay? ____

School Name: _____ Grade: _____

Please share electronic communication (Twitter, SnapChat, Instagram, FB etc) that you use:

Do your parents have access to your electronic communication? Yes No

Do they have any issues with your use of phone, text, electronic communication? Yes No

PERSONAL STRENGTHS

What are you good at? _____

Who are some of the influential and supportive people, activities or beliefs in your life? (Please describe)

If you feel uncomfortable with any question, you may leave it blank and we can discuss it when we meet.

CURRENT REASON FOR SEEKING COUNSELING

Briefly describe the problem for which you are seeking counseling:

How will you know things are better?

COUNSELING/MEDICAL HISTORY

Have you previously seen a counselor? Yes No

If yes, what did you find **most helpful** in therapy?

If yes, what did you find **least helpful** in therapy?

SUBSTANCE USE AND HISTORY

Do you currently use alcohol? Yes No

If yes, how often do you drink? ___Daily ___Weekly ___Occasionally ___Rarely

If yes, how much do you drink? _____ (#) per time

Do you currently use tobacco? Yes No

If yes, how much do you smoke/chew? _____

Do you currently use any other drugs? Yes No

If yes, what drugs do you use?

If yes, how often do you use? ___Daily ___Weekly ___Occasionally ___Rarely

Have you received any previous treatment for substance use? Yes No

If so, where did you go? _____

___Inpatient ___Outpatient

Please answer the following with Yes/No

1. Have you ever used more than 1 substance at the same time to get high? _____
2. Do you avoid family activities so you can use? _____
3. Do you have a group of friends who also use? _____
4. Do you use to change your emotions such as when you feel sad or depressed? _____

LEGAL ISSUES

Please list any legal issues that are affecting you or your family at present, or have had a significant effect upon you in the past _____

FAMILY HISTORY

1. Are your parents married, divorced, or other? _____
2. Do you think their relationship is good? (Y/N/Unsure) _____
3. If your parents are divorced, whom do you primarily live with? _____
4. How often do you see each parent? Mom _____% Dad _____%
5. Did you experience any abuse as a child in your home (physical, verbal, emotional, or sexual) or outside your home? Please describe as much as you feel comfortable.

FAMILY CONCERNS (Please check any concerns that your family is currently experiencing)

<input type="checkbox"/>	Fighting	<input type="checkbox"/>	Disagreeing about relatives
<input type="checkbox"/>	Feeling distant	<input type="checkbox"/>	Disagreeing about friends
<input type="checkbox"/>	Loss of fun	<input type="checkbox"/>	Alcohol use
<input type="checkbox"/>	Lack of honesty	<input type="checkbox"/>	Drug use
<input type="checkbox"/>	Physical fights	<input type="checkbox"/>	Infidelity among parents
<input type="checkbox"/>	Education problems	<input type="checkbox"/>	Divorce/separation
<input type="checkbox"/>	Financial problems	<input type="checkbox"/>	Issues regarding remarriage
<input type="checkbox"/>	Death of a family member	<input type="checkbox"/>	Birth of a sibling
<input type="checkbox"/>	Abuse/neglect	<input type="checkbox"/>	Birth of a child
<input type="checkbox"/>	Inadequate housing/feeling unsafe	<input type="checkbox"/>	Inadequate health insurance
<input type="checkbox"/>	Job change or job dissatisfaction	<input type="checkbox"/>	Other

Other concerns not listed above _____

PEER RELATIONS

1. How do you consider yourself socially: ___outgoing ___shy or introverted ___depends on the situation
2. Are you happy with the amount of friends you have? Yes No
3. Are you dating or in a relationship? Yes No
4. Have you ever been bullied? Yes No
5. Are your parents happy with your friends? Yes No
6. Are you involved in any organized social activities (clubs, sports, music, etc)? _____

SCHOOL/JOB HISTORY

1. Do you like school? Yes No
2. Do you attend regularly? Yes No
3. What are your current grades? _____
4. Do you feel you are doing the best you can at school? Yes No
5. Do you work part-time? Yes No

YOUR CONCERNS

Symptom	None	Some	Daily	Symptom	None	Some	Daily
SADNESS				APPETITE CHANGES			
CRYING				SOCIAL ISOLATION			
SLEEP DISTURBANCES				BEDWETTING			
PROBLEMS AT HOME				POOR CONCENTRATION			
HYPERACTIVITY				INDECISIVENESS			
BINGING/PURGING				LOW ENERGY			
LONELINESS				WORRY/STRESS			
UNRESOLVED GUILT				LOW SELF-WORTH			
IRRITABILITY				SPIRITUAL CONCERNS			
NAUSEA/ INDIGESTION				ANGER ISSUES			
SOCIAL ANXIETY				HALLUCINATIONS			
CUTTING/OTHER SELF-INJURY				RACING THOUGHTS			
WEIGHT CHANGES				RESTLESSNESS			
IMPULSIVITY				DRUG USE			
NIGHTMARES				ALCOHOL USE			
HOPELESSNESS				EASILY DISTRACTED			
ELEVATED MOOD				TRAUMA FLASHBACKS			
MOOD SWINGS				OBSESSIVE THOUGHTS			
DISORGANIZED				PANIC ATTACKS			
ANOREXIA/BULIMIA				FEELING ANXIOUS			
GRIEF or LOSS				FEELING PANICKY			
PHOBIAS				SUICIDAL THOUGHTS			
HEADACHES				PAST SUICIDE ATTEMPTS			
GENDER ISSUES				PARANOID THOUGHTS			

**We would like you to know that we work with a lot of young people and that we respect your privacy. We strive to create a safe place where you will feel comfortable sharing.*



*****PARENT SECTION*****

Welcome to Promise Ranch!

Please note that the information is important for your child's care.

Please fill out forms as completely as possible

and have them ready before your first session.

INTAKE FORM

Child / Young Adult's Name: _____

Date of Birth: _____ Age: _____ Male Female

Gender Identity: _____ Race/Ethnic Origin: _____

Address where **child** lives: _____

City _____ State _____ Zip Code _____

Mother's Full Name _____

Mother's Email Address _____

Mother's Text Capable Phone Number _____

Mother's Other Phone Number _____

Does Mother live at the same address as the child which is noted above? Yes No

If no, please give mother's address including City, State, Zip: _____

Father's Full Name _____

Father's Email Address _____

Father's Text Capable Phone Number _____

Father's Other Phone Number _____

Does Father live at the same address as the child which is noted above? Yes No

If no, please give father's address including City, State, Zip: _____

BILLING INFORMATION

If private pay, click YES here and skip this section Yes No

Primary Health Insurance Name and Policy # _____

Secondary Insurance Information _____

If Child / Young Adult has a Medicaid waiver, check the correct waiver below:

- Children’s HCBS Children’s CES Children’s CHRP Children’s CLLI
- Adult BI Adult CMHS Adult EBD Adult SCI Adult SLS Adult DD

Case Management Agency _____

Case Manager’s Name _____

Case Manager’s Phone Number _____ Email _____

CURRENT HOUSEHOLD AND FAMILY INFORMATION

Name	Relationship (Parent, sibling, etc)	Age	Sex and Gender	Type (Bio/Step, Foster)	Living in the home?	Past or present mental health concerns?

(If additional space is need please list on the back of page)

Current Reason For Seeking Counseling For Your Child

Briefly describe the problem for which you are seeking help:

How will you know things are better? _____

CHILD’S DEVELOPMENT

1. Were there any complications with the pregnancy or delivery of your child? Yes No

If yes, describe: _____

2. Did your child have health problems at birth? Yes No

If yes, describe:

3. Did or does your child experience any developmental delays?

Yes No Not sure _____

If yes, describe: _____

4. Did your child have any unusual behaviors or problems prior to age 3?

Yes No Not sure _____

If yes, describe: _____

5. Has your child experienced emotional, physical, or sexual abuse?

Yes No Not sure _____

If yes, describe: _____

COUNSELING HISTORY

Has your child previously seen a counselor? Yes No

If Yes, where: _____

Approximate Dates of Counseling: _____

For what reason did they go to counseling? _____

Do they have a previous mental health diagnosis? _____

What did you find **most helpful** in therapy?

What did you find **least helpful** in therapy?

Has your child had psychiatric services? Yes No

If yes, who did they see? _____

If yes, was it helpful? Yes No

Has your child taken medication for a mental health concern? Yes No

Name of medication	Dates taken	Was it helpful? (Y/N)

Does your child have other health problems, developmental or medical concerns or previous hospitalizations?

Yes No

If so, please describe.

SUBSTANCE USE

Do you have any concerns with your child using alcohol or drugs? Yes No

If yes, please explain your concern:

INTERNET/ELECTRONIC COMMUNICATIONS USAGE

Do you have any concerns with your son or daughter using the internet or electronic communication such as Instagram, Snapchat, Twitter, texting etc? Yes No

If yes, please explain your concern:

LEGAL ISSUES

Please list any legal issues that are affecting you or your family or your child at present, or have had a significant effect upon you or your child in the past.

FAMILY HISTORY

Are you aware of any birth trauma or trauma your child experienced from age 0-3?

Has your child had any problems with hurting other children or animals?

Did you experience any abuse as a child in your home (physical, verbal, emotional, or sexual) or outside your home? Please describe as much as you feel comfortable.

Have you experienced any abuse in your adult life (physical, verbal, emotional, or sexual)?

PARENT'S MARITAL STATUS *(this question refers to the biological parents relationship)*

Single Married (legally) Divorced Cohabiting Divorce in process Separated Widowed Other

Length of marriage/relationship: _____

If divorced, how old was your child at the time of divorce? _____

If divorced, How much time does your child spend with each parent? Mother _____% Father _____%

(Please answer the following as best as you can, we understand that you may not be able to answer some of the questions pertaining to the other parent.)

Biological Father's Name: _____ **Birth Date:** _____ **Age:** _____

Ethnic Origin: _____ Total years of education completed: _____

Occupation: _____ Place of Employment _____

Military experience? Yes No Combat experience? Yes No

Current Status ___ Single ___ Married ___ Divorced ___ Separated ___ Widowed ___ Other

**Please answer if you are no longer with your child's bio-father OR check here if you are still with bio-mother* _____

Assessment of current relationship if applicable: Poor _____ Fair _____ Good _____

Biological Mother's Name: _____ **Birth Date:** _____ **Age:** _____

Ethnic Origin: _____ Total years of education completed: _____

Occupation: _____ Place of Employment _____

Military experience? Yes No Combat experience? Yes No

Current Status ___ Single ___ Married ___ Divorced ___ Separated ___ Widowed ___ Other

**Please answer if you are no longer with your child's bio-father OR check here if you are still with bio-father* _____

Assessment of current relationship if applicable: Poor _____ Fair _____ Good _____

FAMILY CONCERNS

Please check any concerns that your family is currently experiencing.

<input type="checkbox"/>	Fighting	<input type="checkbox"/>	Disagreeing about relatives
<input type="checkbox"/>	Feeling distant	<input type="checkbox"/>	Disagreeing about friends
<input type="checkbox"/>	Loss of fun	<input type="checkbox"/>	Alcohol use
<input type="checkbox"/>	Lack of honesty	<input type="checkbox"/>	Drug use
<input type="checkbox"/>	Physical fights	<input type="checkbox"/>	Infidelity among parents
<input type="checkbox"/>	Education problems	<input type="checkbox"/>	Divorce/separation
<input type="checkbox"/>	Financial problems	<input type="checkbox"/>	Issues regarding remarriage
<input type="checkbox"/>	Death of a family member	<input type="checkbox"/>	Birth of a sibling
<input type="checkbox"/>	Abuse/neglect	<input type="checkbox"/>	Birth of a child
<input type="checkbox"/>	Inadequate housing/feeling unsafe	<input type="checkbox"/>	Inadequate health insurance
<input type="checkbox"/>	Job change or job dissatisfaction	<input type="checkbox"/>	Other

YOUR CHILD'S STRENGTHS

What is your child good at? _____

What are their best personal qualities? _____

Who are some of the influential and supportive people, activities or beliefs in your child's life? (Please describe)

INDIVIDUAL CONCERNS YOU NOTICE REGARDING YOUR CHILD

Symptom	None	Some	Daily	Symptom	None	Some	Daily
SADNESS				APPETITE CHANGES			
CRYING				SOCIAL ISOLATION			
SLEEP DISTURBANCES				BEDWETTING			
PROBLEMS AT HOME				POOR CONCENTRATION			
HYPERACTIVITY				INDECISIVENESS			
BINGING/PURGING				LOW ENERGY			
LONELINESS				WORRY/STRESS			
UNRESOLVED GUILT				LOW SELF-WORTH			
IRRITABILITY				SPIRITUAL CONCERNS			
NAUSEA/ INDIGESTION				ANGER ISSUES			
SOCIAL ANXIETY				HALLUCINATIONS			
CUTTING/OTHER SELF-INJURY				RACING THOUGHTS			
WEIGHT CHANGES				RESTLESSNESS			
IMPULSIVITY				DRUG USE			
NIGHTMARES				ALCOHOL USE			
HOPELESSNESS				EASILY DISTRACTED			
ELEVATED MOOD				TRAUMA FLASHBACKS			
MOOD SWINGS				OBSESSIVE THOUGHTS			
DISORGANIZED				PANIC ATTACKS			
ANOREXIA/BULIMIA				FEELING ANXIOUS			
GRIEF or LOSS				FEELING PANICKY			
PHOBIAS				SUICIDAL			

				THOUGHTS			
HEADACHES				PAST SUICIDE ATTEMPTS			
GENDER ISSUES				PARANOID THOUGHTS			

What else would you like to share? _____

Special Confidentiality Notice for Parents

Your child has the right to private, confidential communication with the doctor, therapist, and treatment team providing his or her care. This means that some of the issues that they discuss will stay between them, and that we will not disclose that information to anyone, including you, unless we have been given permission by your child to do so. We need your child to be open and honest with us in order to understand and treat the full range of issues your child is dealing with, and they may be too scared, angry, or ashamed right now to share those issues with you. We also recognize it is very important for you to know what your child is going through in order to do your job as a parent, which is why we will always encourage your child to be honest with you. We will encourage, prepare and support your child so that they feel safe enough to share those issues with you.

According to Colorado law, and the federal patient privacy law known as HIPAA, your child will need to give his/her consent for us to disclose:

- All Mental Health records for children age 15 or older.
- All information concerning pregnancy, sexual activity, STD's, and drug/alcohol use or abuse, regardless of the child's age.
- Any information that your child's provider believes, if released, could cause harm to your child or to someone else, or that would significantly harm the treatment relationship with your child.
- You should know that this confidentiality has limits. If there is any threat to your child's life, we have the duty to inform you and help to create a plan for safety.
- In addition, there are situations that we are mandated to report and cannot keep confidential. Those situations include: threats against another person, physical or sexual abuse, neglect, and pregnant women who report using drugs.

- Finally, we recognize how challenging it can be for a parent to raise a child, especially when the child has mental health concerns. We want to be your partner in supporting your child's physical and mental well-being, and even when we can't discuss certain details about your child with you, we will always be there for you: guiding you and giving your child the best advice possible to protect them and encourage healthy decisions, including being open and honest with you.

If you or your child are experiencing a behavioral or mental health crisis, please call Colorado Crisis & Support Line at 1-844-493-8255. If you are experiencing a life-threatening emergency, please call 911 or proceed to your nearest Emergency Room.

Parent Name - Please Type

Signature

Date



RELEASE OF LIABILITY AND ASSUMPTION OF RISK

The individuals named below (referred to as “I” or “me” or “we” the “Participant”) desires to enter upon the premises of Promise Ranch Therapeutic Riding dba Promise Ranch Therapies & Recreation (“PRTR”), a Colorado nonprofit corporation, and to engage in the Activity (as defined herein). As lawful consideration for being permitted by PRTR to enter upon its premises and participate in the Activity, I agree to all the terms and conditions set forth in this agreement (this “Agreement”).

WARNING:

Under Colorado Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 13-21-119, Colorado Revised Statutes.

1. The Activity. I desire to enter upon the premises of PRTR in order to:

- Participate in Adaptive Riding Lessons, Equine Facilitated Learning, or other mounted or unmounted Therapies or similar services
- Or Visit the PRTR premises without participating in any activities or receiving any services from PRTR
- Or Provide volunteer services for PRTR

The activities described above, inclusive of any services provided by PRTR or its employees, volunteers, agents, or representatives associated with those activities, are collectively referred to herein as the “Activity”.

2. Acknowledgement of Risk. I understand and acknowledge:

- (a) that the Activity, including, without limitation, my mere presence at the PRTR premises whether or not any services are being provided to me, is an inherently dangerous activity due to the presence of horses and other domestic and wild animals, the presence of hazardous equipment and materials, the remote location of the PRTR premises, and other factors, without limitation;
- (b) that engaging in the Activity necessarily creates a risk of serious injury, death, and/or property damage;
- (c) without limiting the foregoing, that with respect to equine activities, as defined by C.R.S. § 15-21-119, equine activities are inherently dangerous and that no amount of care, caution, instruction, or supervision can eliminate such risks and dangers, known or unknown, which dangers include but are not limited to:
 - (i) the propensity of the equine to behave in ways that may result in injury, harm, or death to persons on or around the equine, which propensities include but are not limited to kicking, biting, striking, stomping, stumbling, rearing, and bucking;
 - (ii) the unpredictability of the equine’s reaction to such things as sounds, sudden movement, unfamiliar objects, persons, or other animals, and environmental conditions such as weather;

- (iii) the susceptibility of equines to certain hazards such as surface or subsurface conditions;
- (iv) the possibility of collisions with other equines or objects;
- (v) the potential for tack and/or other equipment to fail, resulting in falling or loss of control; and
- (vi) the potential for a Participant to act in a negligent manner that may contribute to injury to the Participant or others, such as failing to maintain control over the animal or not acting within his or her ability;

(d) that any injuries that I sustain may be compounded by emergency response or rescue operations and by other factors not in the control of PRTR; and

(e) that I am entering the PRTR premises and participating in the Activity voluntarily and with full knowledge of the risks and dangers involved.

3. Assumption of Risk. Despite the dangers and risks described and acknowledged herein, I feel that the possible benefits of equine activities are greater than and outweigh all risks assumed. I fully understand and acknowledge that observing and/or participating in the Activity may not only involve risk of serious injury or death, economic loss, property damage or loss that may result from my own actions, inactions, or negligence, but also from the actions, inactions, or negligence of others and/or the condition of equipment, the premises, or other property, and I voluntarily agree to assume this risk.

4. Waiver and Release of Liability. I hereby expressly waive and release any and all claims, now known or hereafter known, against PRTR and its officers, directors, employees, agents, volunteers, contractors, affiliates, successors, and assigns (collectively, "**Releasees**"), whether on account of injury, death, property damage, or otherwise, arising out of or attributable to my participation in the Activities and my presence on the PRTR premises, whether arising out of the negligence of PRTR or any Releasees or otherwise. I covenant not to make or bring any such claim against PRTR or any other Releasee, and forever release and discharge PRTR and all other Releasees from liability under such claims. I shall defend, indemnify, and hold harmless PRTR and all other Releasees against any and all losses, damages, liabilities, deficiencies, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs, or expenses of whatever kind, including reasonable attorney fees, fees and the costs of enforcing any right to indemnification under this Agreement, and the cost of pursuing any insurance providers, incurred by/awarded against such indemnified party and arising out of or resulting from any claim of any third party related my participation in the Activities or my presence at the PRTR premises.

5. Safety Equipment and Instruction. I acknowledge that PRTR maintains strict policies for the use of helmets and other safety equipment appropriate for the Activity. I agree that I will use safety equipment as I may be directed by PRTR's representatives, therapists, and volunteers, at all times during my presence on the PRTR premises and/or during my participation in the Activity. Without limiting the foregoing, I agree that if the Activity involves the use or presence of horses, I will at all times wear protective headgear that meets or exceeds the quality standards of the SEI Certified/ASTM Standard F 1163 equestrian helmet. Furthermore, I agree and acknowledge that my safety and security, and the safety and security of others present on the PRTR premises, are dependent upon me following the express instruction and direction of PRTR's representatives, therapists, and volunteers, as relating to the conduct of the Activity, and I represent that I will follow all such reasonable instruction and direction to the best of my ability.

6. Effect of Signature by Guardian. If this Agreement is executed on my behalf by a person purporting to be my guardian or otherwise having the authority to enter into agreements on my behalf, such person shall be deemed to have entered into this Agreement both on my behalf and also in his or her own separate capacity, and all of the provisions hereof shall be deemed to bind both me and such other person. By signing this agreement, such guardian or person is representing and warranting that he or she has such authority to enter into this Agreement on my behalf and also that he or she agrees to be bound by its terms.

7. Miscellaneous. This Agreement constitutes the sole and entire agreement of PRTR and me with respect to the subject matter contained herein and supersedes all prior and contemporaneous understandings, agreements, representations, and warranties, both written and oral, with respect to such subject matter. If any term or provision of

this Agreement is invalid, illegal, or unenforceable in any jurisdiction, such invalidity, illegality, or unenforceability shall not affect any other term or provision of this Agreement or invalidate or render unenforceable such term or provision in any other jurisdiction. This Agreement is binding on and shall inure to the benefit of the Company and me and their and my respective successors and assigns (including successor guardians or successor conservators of mine). All matters arising out of or relating to this Agreement shall be governed by and construed in accordance with the internal laws of the State of Colorado without giving effect to any choice or conflict of law provision or rule (whether of the State of Colorado or any other jurisdiction). Any claim or cause of action arising under this Agreement may be brought only in the federal and state courts located in Douglas County, Colorado and I hereby consent to the exclusive jurisdiction of such courts.

BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT AND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

LIST ALL PARTICIPANTS/FAMILY MEMBERS WHO MAY BE ON PROPERTY OR PARTICIPATING:

Name (print): _____

Name (print): _____

Name (print): _____

Name (print): _____

Signature: _____ Date: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone: _____

GUARDIAN OF PARTICIPANT (as applicable) AND WITNESS:

Guardian Name (print): _____

Signature: _____ Date: _____

Witness:
Name (print): _____

Signature: _____

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PROMISE RANCH THERAPIES & RECREATION MAY USE AND DISCLOSE YOUR HEALTHCARE INFORMATION AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective Date: February 2, 2021

Promise Ranch Therapies & Recreation (PRTR) is required by law to keep your health information safe. This information consists of all records related to your health, including demographic information, either created by PRTR or received by PRTR. This information may include: notes from your doctor, teacher, or other health care provider; your medical history; test results; treatment notes; insurance information.

The Health Insurance Portability and Accountability Act (HIPAA), a government rule, requires that healthcare providers give you notice of our legal duties and privacy policies. PRTR will abide by the terms of this Notice, or the Notice currently in effect at the time of the use or disclosure of your protected health information. We will ask you to sign a form saying that you have been given this notice.

PRTR reserves the right to change the terms of this Notice and to make any new provisions effective for all protected health information we maintain. Patients will be provided a copy of any revisited Notices upon request. An individual may obtain a copy of the current Notice from our office at any time.

Uses and Disclosures of Your Protected Health Information not Requiring Your Consent

PRTR may use or disclose your protected health information without your written consent or authorization, for certain treatment, payment and healthcare operations. These are listed below.

TREATMENT may include:

- Providing, coordinating, or maintaining healthcare and related services by one or more healthcare providers;
- Consultations between providers concerning the patient;
- Referrals to other providers for treatment;

PAYMENT ACTIVITIES may include:

- Activities undertaken by PRTR to obtain reimbursement for services provided to patient;
- Determining patient's eligibility for benefits or health insurance coverage;
- Managing claims and contacting your insurance company regarding payment;
- Collection activities to obtain payment for services provided to you;
- Reviewing healthcare services and discussing with your insurance company the medical necessity of certain services or procedures, coverage under your health plan, appropriateness of or justification of changes;
- Obtaining pre-certification and pre-authorization of services to be provided;

HEALTHCARE OPERATIONS may include:

- Contacting quality assessment and improvement activities;
- Conducting outcomes evaluation and development of clinical guidelines;
- Protocol development, case management, or care coordination
- Conducting or arranging for medical review, legal services, and auditing functions.

Your Health Information May Also Be Used or Shared Without Your Permission for:

- **Abuse and Neglect.** We may share your health information with government agencies when there is evidence of abuse, neglect, or domestic violence.
- **Appointment Reminders.** We will use your information to remind you of upcoming appointments. Reminders may be sent in the mail, by email, or by phone call or voicemail message. If you do not wish to get reminders, please tell our administrative office.
- **As Required by Law.** We will share your information when we are told to do so by federal, state, or local law. We will also share information if we are asked by the police or courts.
 - **Government Functions.** Your information may be shared for national security or military purposes. If you are a veteran, your information may be shared with the Office of Veterans Affairs.
- **Information About a Person Who Has Died.** We may share information with the coroner, medical examiner, or a funeral director, as needed.
- **Marketing.** We may use your information to let you know of other services that might be of interest to you.
 - **Public Health Risks.** We may report information to public health agencies as required by law. This may be done to help prevent disease, injury, or disability. It may also be done to report medical device safety issues to the Food and Drug Administration and to report diseases and infections.
- **Regulatory Oversight.** We may use or share your information with agencies overseeing health care. This may include sharing information for audits, licensure, and inspections.
- **Research.** We may share your health information with researchers to be included in their research project. Information will be shared only for projects that have been through a special approval process. These projects have rules to protect your privacy, too.
- **Threats to Health and Safety.** Your health information may be shared if we believe that it will prevent a threat to your health and safety or the health and safety of others.
- **Worker's Compensation.** We will share your information with Worker's Compensation if your case is being considered as a work-related injury or illness.

When Your Permission Is Needed to Use or Share Your Health Information

You must give us permission to use or share your health information for any situation that is not listed in this notice. You will be asked to sign a form, called an authorization, to allow us to use or share your information. You are allowed to take back this authorization, called revoking authorization, at any time. We will not be able to get back the information that we shared with your permission.

Your Privacy Rights

You have the right to:

- **Ask us not to share your information.** You can ask us not to use or share your information for treatment, payment, or health care operations. You can also ask us not to share information with people involved in your care, like family members or friends. You must ask for limits in writing. We must share information when required by law.
- **Ask us to contact you privately.** You can ask us to contact you only in a certain way or at a certain place. For example, you may want us to call you but not to email you. Or you may want us to call you at work and not at home. You must ask us in writing. We will do all we can to do what you ask.
- **Look at and copy your health information.** You have the right to see your health information and to get a copy of that information. You have a right to see treatment, medical, and billing information. You may not be able to see or

copy information put together for a court case, and copyrighted materials, such as test protocols.

- **Ask for changes to your health information.** You can ask us to change information that you think is wrong. You can also ask that we add information that is missing. You must ask us in writing and give us a reason for the change.
 - **Get a report of how and when your information was used or shared.** You can ask us to tell you when your information was shared and who we shared it with. There are some rules about this:
 - You need to ask us in writing.
 - You must tell us the dates you are asking about and if you want a paper or electronic copy.
 - You may get information going back 6 years, but it cannot be for earlier than April 14, 2003. This is the date when the government privacy rules took effect.
 - **Get a paper copy of this privacy notice.** You can get a paper copy of this notice at any time. You can get a copy even if you have already signed the form saying you have seen this notice.
- **File complaints.** You can file a complaint with us or with the government if you think that:
 - Your information was used or shared in a way that is not allowed
 - You were not allowed to look at or copy your information
 - Any of your rights were denied

Who Is Covered by This Notice

The people who must follow the rules in this notice are:

- all therapists and instructors working for PRTR
- anyone who is allowed to add health information to your file, including interns and other staff members (such as administrative and billing associates)
- any volunteers who may help you while you are in this program
- any interns or volunteers who are observing sessions for the purpose of learning

Changes to the Information in This Notice

We may change this notice at any time. Changes may apply to information we already have in your file and to any new information. Copies of the new notice will be available from our staff. The notice will have a date on the front page to tell you when it went into effect.

Complaints

You may file a complaint if you think we did something incorrect with your information. You can complain to your regional office of the United States Office of Civil Rights. To find out more about filing complaints, go to www.hhs.gov/ocr/privacy/hipaa/complaints/index.html. All complaints must be in writing.

Contacts

If you have any questions about this notice or your privacy rights, please ask your therapist or call 303-817-6531, or info@prtr.org.

I have read and understand the Notice of Privacy Practices:

Signature: _____ Date: _____



Program Information and Policies

Occupational/Physical/Speech Therapy/Hippotherapy Program Information

- Therapists in this program are licensed healthcare professionals.
- A 53-minute session allows for treatment time with minutes at the end for client/caregiver discussion and education.
- Clients may qualify for treatment through CES/SLS Waivers, Medicaid, Medicare, other insurance or Private Pay.
- Depending on the therapist's professional recommendations, part of therapy may involve mounted work on horseback. This decision is based on clinician assessment and participant goals. Mounted therapy is not guaranteed at each session. When mounted therapy is recommended, the total time on horseback may range from 20-45 minutes. We follow standards from the American Hippotherapy Association (AHA) and Professional Association of Therapeutic Horsemanship (PATH).
- Best practice dictates that occupational therapy, physical therapy and speech-language pathology professionals integrate hippotherapy into the client's plan of care, along with other therapy tools and strategies.
- The minimum age for participation in clinical therapies is three years old.

Adaptive Riding and Ground Work Program Information

- Instructors in this program are certified equine professionals.
- A 53-minute session allows for lesson time with minutes at the end for client/caregiver discussion and education.
- Clients may qualify for supportive funding through the Promise Ranch Scholarship program or through their Community Centered Board (CCB). Insurance is not billable for Adaptive Riding and Ground Work Programs.
- During Adaptive Riding, depending on the instructor's assessment of need and PATH (Professional Association of Therapeutic Horsemanship) standards, the total time on horseback may range from 20-45 minutes. At the instructor's discretion, ground work lessons may also be incorporated, where the student is not on horseback.
- Adaptive Riding is a modality used to help clients achieve both horsemanship as well as therapeutic goals. Ground Work is a modality used to help clients achieve therapeutic or learning goals while developing a bond with equines.
- The minimum age for Adaptive Riding or Ground Work is four years old.

Weight Maximum for Mounted Horseback Activities and Therapies

The provision of horse-mounted activities is conditional, based on combined factors of participant weight and height, horses' physical capacity, and the availability of volunteer side-walkers, among other variables, and eligibility for participation is determined by individual instructors/therapists who are responsible for assessment and participant safety. Periodically, we may ask clients to be weighed on a scale at our facility to determine weight and proper pairing with a horse.

Regardless of weight, Promise Ranch reserves the right to refuse to provide mounted horseback services if it is deemed unsafe for the client, staff, volunteers, or equine.

Counseling Program Information

- Therapists in this program are licensed social workers or professional counselors.
- 53-minute session.
- Depending on the therapist's training and recommendations, Equine-Assisted Therapy may be indicated as part of the treatment plan.
- In Counseling, equine interactions are always on the ground. There is No Riding in the Counseling Program.
- The therapist will provide additional disclosure and informed consent to clients in the counseling program.

Registration and Assessment

Prior to visiting the Ranch for assessment, all participants must have completed the registration forms and physician packet (for adaptive riding or hippotherapy), found on our website <https://www.prtr.org/join-us/>. A client's first visit to the Ranch will include a facility tour and an evaluation with a therapist or instructor. In this evaluation, the client's abilities and challenges as well as potential goals will be discussed. Once in the program, clients in hippotherapy will be scheduled for one 9-week session of participation. Depending on staff recommendations and client progress toward goals, participation may extend to two or more 9-week sessions.

Registration forms must be filled out annually.

Attire and Equipment

All participants must wear ASTM/SEI certified equestrian helmets when mounted on horseback. It is also recommended that participants wear these same helmets when working with horses on the ground. If you do not have your own helmet, Promise Ranch can provide a helmet for you.

All participants should wear appropriate, comfortable, clothing that is not too loose fitting. An ideal outfit is made up of long pants and closed-toe shoes with a slight heel. Jewelry is not recommended. Since we operate year-round, it is recommended to wear layers and be prepared for inclement weather.

Attendance and Cancellation Policies

- 1) All sessions are by appointment only.
- 2) If you are running late or unable to attend for any reason, you should contact your staff directly and with as much notice as possible so we do not have horses, volunteers, and staff waiting.
- 3) A minimum of 24 hours notice is required for absences. If we receive less than 24 hours notice, you may be billed a cancellation fee of \$50, regardless of payor source.
- 4) If you do not show up for a scheduled session and do not provide any notice, the session will be forfeit. If you have two no-show/no-call appointments within a nine-week session, you will lose your spot.

- 5) Clients who arrive more than 15 minutes late to their session will not be able to ride, but may participate in ground activities.
- 6) Promise Ranch reserves the right to cancel sessions in the event of unsafe conditions. We may cancel when Douglas County is on accident alert status or when weather or driving conditions have the potential to become dangerous. We will cancel classes in extreme heat (above 95 degrees or when the heat index reaches 130), extreme cold (below 25 degrees), extreme winds, or dangerous thunder and lightning storms. We will make every effort to contact you in a timely manner if a cancellation is deemed necessary. Clients are responsible for supplying us a working, text-capable phone number so that we may contact you urgently.
- 7) As a courtesy to clients, staff give you their personal phone numbers. As a courtesy to therapists, clients are asked to call or text only during Ranch business hours.

Billing Policies

For ALL Clients:

If you have insurance or a waiver program, Promise Ranch will bill it for you. We will advise you ahead of time what your responsibility is likely to be for deductibles, denied services or co-pays or co-insurance percentages.

If you pay privately: You are required to put a credit card on file with the office, or leave a check at the ranch for each session at the end of the session.

No shows or late cancels (less than 24 hours) are charged \$50 per session.

Maximum Out of Pocket:

Evaluation / Assessment Session: \$ 130

Therapy Session: \$ 120

Adaptive Riding and Groundwork: \$ 65

No Show or Late Cancellation: \$ 50

Discharge Policy continued on next page

Discharge Policy

Promise Ranch strives to provide the safest possible conditions for clients, volunteers, and staff. The acceptance, and continued participation, of an individual in our program depends on the availability of staff, volunteers, and suitable horses, and is based on our determination that we can safely accommodate the client. Promise Ranch adheres to all precautions and contraindications established by PATH Intl., and we reserve the right to refuse any clients who we cannot safely accommodate. All clients are required to inform us of any and all changes in health status as they occur.

Clients may be discharged from programs for many different reasons, including:

- 1) The treating therapist determines that the modality is no longer the most effective and appropriate treatment strategy for the client
- 2) The treating therapist determines that another specialist or treatment would better serve the client
- 3) The client meets all therapy goals and is ready to progress to Adaptive Riding or Ground Work
- 4) The client exceeds the weight limit that our horses can safely and humanely carry
- 5) The client or caregivers are uncooperative, by not responding to Ranch communications, or interfering with lessons
- 6) The client displays unsafe behaviors toward staff or animals, such as: elopement or physical or verbal aggression
- 7) The client frequently cancels appointments, does not show for appointments, or misses two or more appointments in a 9-week session
- 8) The client's bill is unpaid
- 9) The client or caregivers are disruptive or unpleasant to Promise Ranch staff and/or volunteers

Promise Ranch Safety and Facility Policies continued on next page

Promise Ranch General Safety Policies

1. Please do not leave children unattended or allow running or loud noises in the barns.
2. Upon arrival/during a session/upon leaving, please remain quiet and respectful of sessions in progress. Do not intrude on a session in progress.
3. Caregivers/visitors must stay clear of the mounting area during mounting and dismounting procedures.
4. Caregivers/visitors must remain outside of the riding area. Assistance from a caregiver should only happen with staff instruction.
5. Clients must wait for their staff person prior to approaching and beginning work with a horse. Caregivers/Client's family members may not work with a horse without the direct supervision of a staff person.
6. No clients are allowed in horse stalls.
7. No clients allowed in turnouts unless with staff. At night, no clients are allowed in turnouts.

Promise Ranch Facility Policies

1. Hours are Monday through Saturday from 9am to 6pm; exceptions are made for clinics, or workshops.
2. Please do not 'visit' the ranch without a scheduled appointment.
3. Drive slowly (5 mph or less) while at Promise Ranch.
4. NO SMOKING, no exceptions.
5. NO WEAPONS, no exceptions.
6. Drugs and alcohol are prohibited; being under the influence of drugs or alcohol while on premises will result in client/volunteer dismissal.
7. ONLY service dogs are allowed; dogs must be on leash and supervised at all times.
8. Clean up after yourself, your children, and your dog. Deposit trash in the waste or recycling containers.
9. Do not feed any horses without permission from a staff member.
10. Keep all gates closed at all times.

Thank you for helping Promise Ranch to be a safe and healing place for everyone!

Signature: _____ **Date:** _____

(I have read and understand the Notice of Privacy Practices)