

**Equine Connections, LLC**  
www.equineconnectionsaz.com



All participants including those waiting/observing the program will:

1. Walk on the barn premises.
2. Not smoke on the premises, outside of the designated area.
3. Use appropriate voices and avoid sudden movements near horses.
4. Not approach a horse without being accompanied by an Equine Connections crew member.
5. Not chew gum or eat candy while riding or working with horses.
6. Wear appropriate clothes and shoes; close toed shoes, pants, avoid loose or floppy items.
7. Prior to session, inform instructor of any changes or limitations in their physical capabilities or pertinent medical conditions, such as medicine changes.
8. Prior to session, inform instructor of any experiences that would affect ability to perform related to behavior, safety, or functioning conditions.
9. Inform instructor of any schedule changes or conflicts that would affect treatment as soon as possible.
10. Only Equine Connections crew and the participant(s) are allowed in treatment areas.
11. The main residence and all areas labeled Barn Yard Equine are off limits.
12. Understand that if the safety of the Equine Connections crew, participant(s) or animals is compromised due to not following the rules, hitting, kicking, hair pulling or any other adverse behaviors that compromise the safety of our humans or herd, services may be immediately discontinued by Equine Connections, LLC.
13. Understand that I am being videotaped while on the premises.

Confidentiality statement: Equine Connections, LLC maintains the confidentiality of information collected during the referral and treatment process. All information is considered confidential and everyone involved must adhere to HIPAA Guidelines regarding PHI/PII. Activities involve sharing extremely sensitive and personal information between all involved with the provision of services. Information collected is used to develop a safe, individualized program to best benefit our patient in a therapeutic equine activities setting. During discussions related to individual participants for the purpose of review and evaluation, strict safeguards or confidentiality are maintained. Personally identifiable information will not be disclosed publicly without express prior consent of the participant or participant's parent or guardian.

I understand and agree to adhere to the basic rules outlined above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant's name(s) \_\_\_\_\_