



## Heartland Equine Therapeutic Riding Academy

*Changing lives one stride at a time!*

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Dear Parents, Participants or Caregivers,

Thank you for choosing HETRA. We look forward to working with you! Please read through all the information in this letter thoroughly. It contains very important information regarding registration of your Participant and participation in the HETRA program.

We are very excited about everything we have accomplished over the past few years! In order to keep the program affordable to all of the participants, HETRA continually hosts fundraising events and activities and looks for grants and foundations to help support our program. HETRA continues to be committed to provide services to our Participant regardless of their financial situation or ability to pay. With this commitment though, we need help from all of our HETRA families to assist with our fundraising efforts throughout the year.

We are very proud of our dedicated and motivated parents, guardians and Participants and all that you do for the HETRA organization. You are a very important part of our Team!!!! We are looking forward to embarking on another adventure with you.

Thank You!

*Edye Godden*

Edye Godden, OTR/L  
Chief Executive Officer  
[www.HETRA.org](http://www.HETRA.org)  
[Edye@HETRA.org](mailto:Edye@HETRA.org)  
402-359-8830



## Participant Handbook

### 1. Getting Started

First please complete all paperwork included in this package. Then either mail (HETRA, 10130 S. 222<sup>nd</sup> Street, Gretna, NE 68028) or fax (866) 577-4598 your completed paperwork into HETRA. Once your paperwork has been received & processed you will be contacted to set up a time for an evaluation with one of our therapists (new Participants) or to schedule your riding time (returning Participants). If you are a returning Participant your reevaluation, if needed, will be completed during your first riding session. All new Participants need to schedule an evaluation time. **There will be a \$35.00 annual registration fee for all Participants. Evaluation fees are \$100 (see billing information for more details on fees).**

### 2. Programs

HETRA offers Adaptive Riding, Adaptive Driving, Equine Assisted Learning, and Therapy Services Programs. There is a description of each program below. At the time of your Participant evaluation one of our therapists will discuss each program with you and make a recommendation as to which program is most appropriate for the Participant.

**Session Length for mounted participants is described below: It is up to the instructors' discretion to decrease the length of a session for any reason** including the following: Participant fatiguing, Participant medical problems, Participant complaining of discomfort, Participant being unbalanced, Participant behavior problems, horse fatigue or other horse-related problems. If a horse problem occurs, we will attempt to complete your session time, if possible, on another horse. Instructors will attempt to evaluate each individual Participants needs and continue the session if possible. On occasion, your participant may participate in an unmounted ground activity if there is a horse shortage or extreme weather. These activities will be designed to challenge and increase your participant's knowledge about horses & horse care.

- **Adaptive Riding Program:** Adaptive Riding Participants are scheduled to ride in groups once a week for either 30 minutes if there are 2 or fewer participants in the group or 45 minutes if there are 3 participants. Adaptive Riding Participants must be at least 4 years old. All Adaptive Riding Participants are instructed or supervised by PATH, Intl. certified riding instructors. . The goals for this program focus on horsemanship skills and leisure activities but can incorporate life skills as well. Participants are screened by a therapist and their programs are periodically reviewed by the therapist for changes.
- **Therapy Services:** Participants in this program will participate 1-3 times per week with the time frame and a number of times per week being recommended by the therapist, physician, and family. Therapy Services Participants must be at least 2 years old. A licensed OT, PT, Mental Health Practitioner, SLP, PTA, or COTA will conduct these sessions. Goals for this program focus on functional ability.
- **Group Activity Program (GAP):** Participants in this program will participate 1-3 times per week with the time frame and a number of times per week being recommended by the therapist, physician, and family. GAP Participants must be at least 4 years old. A licensed OT, PT, Mental Health Practitioner, SLP, PTA, or COTA will conduct these sessions in a group setting. Goals for this program focus on functional ability.
- **Adaptive Carriage Driving Program:** Participants will participate one time per week for 30 minutes. These will be individual sessions instructed by a PATH, Intl. certified driving instructor. Participants are evaluated and periodically reviewed by one of our therapists.
- **Equine Assisted Learning:** Participants engage in hands-on learning that utilizes the horse as a partner in exploring positive development of communication, self-respect, confidence, trust, accountability, and conflict resolution. Sessions incorporate a variety of groundwork and general horsemanship activities such as grooming, leading, and herd observation. The Equine-Assisted Learning programs can be tailored to specific individuals, populations, groups or organizations. Please note that the EAL program is strictly a groundwork (no riding) program

### **3. Participant Dismissal & Discharge Policy**

It is at the discretion of HETRA's Staff to accept or remove a Participant from the program. The results of a risk/benefit analysis will also be considered. Participants who do not adhere to the rules and procedures or meet the guidelines for eligibility are subject to dismissal or discharge. Possible grounds for dismissal may include, but are not limited to: conduct endangering another Participant or staff or the horse, conduct endangering themselves, consistent failure to follow safety procedures with respect to the horses & facility, a gain in weight above the HETRA maximum levels, frequent cancellations or no shows. The development of a contraindicated condition or the deterioration of a condition to the point horseback riding is no longer beneficial or could be harmful to the participant or where safety for the Participant or others has become a concern.

Participants at HETRA shall have no history of inappropriate behavior with fire or any tendencies or history of abuse or violence directed toward other people or animals. HETRA reserves the right to deny services to any individual based upon concerns for the applicant's safety and/or the safety of the horses, volunteers, staff, facility, or for other reasons in accordance with PATH, Intl. operating center guidelines.

No Participant will be dismissed without an opportunity to discuss the reasons with supervisory staff. The Participant may at any time, for whatever reason, decide to sever the Participant relationship with HETRA. Notice of such a decision should be communicated as soon as possible.

### **4. Weight Limitations for All Participants**

Maximum weights are listed below, but decisions regarding participation will be based on the availability of a suitable horse related to the height, weight, cognition and balance of the participant. The maximum weight for participants cannot exceed 220 pounds. Each horse has individual weight limitations based upon the horses' weight, age and physical condition. Not all horses can manage the maximum weights listed below. The weight limit may be lowered as determined by available equines and the ability of staff and volunteers to safely support the participant at the time services are requested. HETRA staff will evaluate the participant's weight and physical abilities to determine if riding is a safe and appropriate activity based on available equine, staff and volunteers. Weights are checked once every 12 weeks using the HETRA scales with participant wearing the appropriate riding gear.

- 220 lbs. for a well-balanced centered Participant not requiring sidewalkers.
- 180 lbs. for an unbalanced Participant needing sidewalker assistance.

### **5. Scheduling of a weekly riding time for new Participants**

Once the initial evaluation is completed, we will make a program recommendation for your Participant and then see if we have a current opening in the HETRA schedule that is suitable to meet your Participants needs. If an opening does not currently exist, then we will put your Participant on a waiting list and you will be notified as soon as an opening becomes available. Riding sessions are typically offered late afternoon to evening on weekdays and mornings on Saturday.

### **6. Attire**

No open-toe shoes, sandals or clog type shoes. No slick (jogging type) pants. And we would prefer that your Participant wore pants instead of shorts as the saddle can get very uncomfortable with direct skin contact. In the winter please dress in layers.

### **7. Children**

All children under the age of 12 must be monitored and in the direct vision of the adult at all times while at the facility. Please review the barn rules with your children prior to arriving at the barn.

### **8. Dogs and other Animals**

Dogs and other animals are not permitted at the barn. The exception to this rule is service animals. Please let your instructor know if you will be bringing a service animal to the session with you

Thank you so much for your interest in our programs, we look forward to working with you. If you have any questions or concerns, please contact the office at 402-359-8830.



## HETRA Billing Policies

If you have any questions about HETRA's fees or billing procedures please contact Erin Bevington at (402) 359-8830, ext 105 or Erin@HETRA.org.

**To help HETRA save on postage, all invoices are sent via email.**

If you would prefer to receive your billing via regular mail, please let us know.

### Fee Structure

#### **HETRA does not bill health insurance or Medicaid**

**Evaluations-** Evaluations are performed by one of the HETRA therapists for all new Participants entering the program. Evaluation fees are \$100.

**Adaptive Riding & Driving Sessions** - \$40 per ride/drive, \$480 for one 12-week course, a 10% early payment deduction is available if full payment is made by the due date posted on the invoice. Adaptive riding/driving is billed at the beginning of each 12-week course, and is due by the due date on the bill.

#### **Payment Plan Options:**

Two Payment Plan – 50% of the invoice due at the payment due date. The other 50% due 30 days after the payment due date.

Monthly Payment Plan – 3 Payments can be made on the date that works best for you in the amount of \$160.00.

Weekly Payment Plan – Payments can also be made weekly on the day of the week that works best for you.

**\* In order to set up any of the payment plans HETRA must have a credit card on file to process these payments automatically.**

**Therapy Services-** \$35 for each 15-minute session, \$70 for a 30-minute session, and \$105 for a 45-minute session. Every participant will be invoiced for a Course Fee at the beginning of the 12-week session in the amount of \$300. Then all completed Therapy Services sessions will be billed on a bi-weekly basis in the amount of \$22.50 for each 15-minute session or \$45 for each 30-minute session completed. Payment is due by the due date posted on the invoice. Course Fee refunds will not be given for any Participant cancellations. If HETRA cancels a session a refund of \$25 per cancellation will be applied to your next invoice. A 10% early payment deduction is available if full payment is made by the due date on the bill.

**Group Activity Program (GAP)-** \$45 per session, \$540 for one 12-week course, a 10% early payment deduction is available if full payment is made by the due date posted on the invoice. GAP is billed at the beginning of each 12-week course, and is due by the due date on the bill.

**Registration Fees-** All Participants will be billed an annual \$35.00 registration fee which helps HETRA cover insurance and other office fees.

Any Participant with an outstanding balance from the previous course will not be allowed to participate until the balance on the account has been paid, payment arrangements have been made or scholarship application completed. All Participant fees that are past due by 30+ days or are not paid according to the previous payment arrangements, will be assessed a minimum of \$20.00 charge per month.

### Financial Assistance

Scholarships and outside funding is available for all Participants in any program. We can provide you with a list of outside funding sources that have been very supportive of HETRA families. We ask that you investigate these options prior to applying for a HETRA scholarship. HETRA Scholarships are based on your annual income with consideration made to your current family situation. We also offer a discounted services program which is based on how many hours you volunteer for HETRA or how much you help raise in donations. If you need to request a scholarship, outside funding sources or discounted services form please contact Erin Bevington at (402) 359-8830 or Erin@HETRA.org.

## Cancellations

**If HETRA cancels a session** (due to weather or staff illness, etc.):

**Adaptive riding, GAP & Carriage Driving** – the fees for each HETRA cancellation will be credited toward the next 12-week course invoice.

**Therapy Services** Participants you will not be billed for HETRA cancellations, and will be credited \$25 (Course Fee) for each canceled session on your next 12-week course invoice.

You will be notified by phone, email and/or text message for weather cancellations.

**If a participant cancels a session:**

**Adaptive Riding, GAP, Adaptive Driving Participants** this session will not be refunded, but can be made up. You are allowed a maximum of 1 make up session per 12-week course and these must be made up during that course or the course immediately following the cancelled session(s). Make up sessions must be scheduled by the registrar and will be offered as available. Make up sessions are only available if they have been reported via the HETRA participant cancellation form.

**Therapy Services Participants** – if 72 hours' notice has been given there will be no charge for your cancellation if reported through the HETRA Participant Cancellation Form. The course fee associated with that session is non-refundable. If less than 72 hours' notice is given there will be a \$15 cancellation fee. There will be no charge for participants that have a doctor's note for their cancellation. Each participant will receive one free late notice cancellation per course. If a participant does not show up and no notice is given there will be a \$25 no show fee charged. **Please always fill out the cancellation form as soon as you know your participant will not be able to attend their regularly scheduled session so the appropriate HETRA staff can be notified.**

**Participant tardiness:** Any time a Participant is late, their session time will be decreased accordingly in order for the schedule to remain intact. **If a Participant is 15 or more minutes late for a session they will NOT be allowed to ride for that session.**

**Dropping out of a Course:** If your Participant drops out of a 12-week course without finishing all 12 weeks there will be a \$50 fee assessed unless it was medically necessary.

As we grow and expand our services, we are frequently asked by funders the income ranges of the participants we serve. This information will only be used for fundraising purposes and will not in any way influence your registration or participation at HETRA. Your voluntary response is greatly appreciated and will help HETRA continue to receive funding from our community:

1) Number of individuals your household: \_\_\_\_\_

2) What is your total household income:

☐ Less than \$25,000      ☐ \$25,001 to \$45,000      ☐ \$45,001 to \$60,000

☐ \$60,001 to \$75,000      ☐ \$75,001 to \$100,000      ☐ over \$100,000

### **Individual Responsible for payment:**

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

By signing below, I agree that I have read and understand HETRA's billing policies and agree to pay all applicable fees.

\_\_\_\_\_  
Parent/Guardian/Participant Signature

\_\_\_\_\_  
Date



## PARTICIPANT REGISTRATION FORM

Participant \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender: M F  
Diagnosis \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_ County \_\_\_\_\_ Participant's School or Employer: \_\_\_\_\_ Email: \_\_\_\_\_  
Ethnicity \_\_\_\_\_ Phone Number: \_\_\_\_\_ Program Interest \_\_\_\_\_  
If you have preferred pronouns please share that information with us: \_\_\_\_\_  
**Referral Source:** \_\_\_\_\_ Is participant a military Veteran? Yes No  
☐ I am an independent adult and do not have a parent/guardian (if yes skip next section)

**Primary Parent/Guardian Information: (minor or dependent adult only) \* This person will be our primary point of contact**

Name \_\_\_\_\_ Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

**Best way to get a hold of you (Please circle one):** Email Mobile Phone Text Message Home Phone Work Phone

I am the legal guardian of this participant and can provide documentation upon request. ☐ Yes ☐ No

**Secondary Parent/Guardian Information:**

Name \_\_\_\_\_ Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

**Best way to get a hold of you (Please circle one):** Email Mobile Phone Text Message Home Phone Work Phone

I am the legal guardian of this participant and can provide documentation upon request. ☐ Yes ☐ No

**Legal Guardian if different from above**

Name \_\_\_\_\_ Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Caregiver Name** (if different from above): \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

Emergency contact \_\_\_\_\_ Relation: \_\_\_\_\_ Phone \_\_\_\_\_

Emergency contact \_\_\_\_\_ Relation: \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Medical Facility \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Allergies: \_\_\_\_\_ Current Medications: \_\_\_\_\_

Significant Medical History: \_\_\_\_\_

I have listed all significant medical information to the best of my knowledge.

Signature of Participant or Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Liability Release

\_\_\_\_\_ (Participant's name) would like to participate in the Heartland Equine Therapeutic Riding Academy program. I acknowledge the risks and potential for risks of equine-assisted activities. However, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Heartland Equine Therapeutic Riding Academy, its Board of Directors, Instructors, Therapists, Aides, Volunteers, and Employees for any or all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in Heartland Equine Therapeutic Riding Academy Programs.

WARNING - Under Nebraska 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 sections 25-21,249 to 25-21,253.

Date: \_\_\_\_\_ Signature \_\_\_\_\_  
(Participant, Parent or Guardian)

### Photo Release

Please Check One: ☐ I do consent and authorize ☐ I do not consent

to the use and reproduction by Heartland Equine Therapeutic Riding Academy of any or all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional printed material, educational activities or any other use for the benefit of the program.

Date: \_\_\_\_\_ Signature \_\_\_\_\_  
(Participant, Parent or Guardian)

### Medical Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the parent/guardian or emergency contact is unable to be reached.

Date \_\_\_\_\_ Consent Signature \_\_\_\_\_  
(Participant, Parent or Guardian)

### Consent To Treat

I \_\_\_\_\_ legal guardian of \_\_\_\_\_ hereby consent to evaluation by an occupational, physical, mental health or speech therapist prior to or during participation in HETRA programming. If physical therapy, occupational therapy, speech therapy, or mental health therapy as well as substance use therapy is deemed appropriate, I give consent for treatment and/or telehealth services as outlined by the therapist.

Date: \_\_\_\_\_ Signature \_\_\_\_\_  
(Participant, Parent or Guardian)

NOTICE OF PRIVACY PRACTICES  
THIS NOTICE DESCRIBES HOW MEDICAL AND PERSONAL INFORMATION ABOUT YOU MAY BE USED OR  
DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION

PLEASE REVIEW THIS FORM CAREFULLY  
OUR LEGAL DUTY

Heartland Equine Therapeutic Riding Academy is required by law to protect the privacy of your personal and health information, provide notice about our information management practices, and follow the information protocols described below.

USAGES AND DISCLOSURES OF HEALTH INFORMATION

Heartland Equine Therapeutic Riding Academy uses your personal and health information primarily for treatment, obtaining payment for treatment, conducting internal administrative activities, and assessing the quality of care we provide. We use your personal information to contact you for scheduling, billing and providing organizational information.

Heartland Equine Therapeutic Riding Academy will obtain your written permission and authorization before disclosing your personal health information. If you provide us with written authorization to release your information for any reason, you may later revoke that authorization to stop disclosures at any time. If and when any changes are made in our privacy and confidentiality policies, a new Notice of Information Practices will be posted in the same area for public view. You may request a copy of our Notice of Information Practices at any time. Our HIPAA Compliance Officer is Edye Godden and can be reached by calling the office at (402) 359-8830.

PATIENTS INDIVIDUAL RIGHTS

You have the right to review or obtain a copy of your personal health information at any time. You have the right to request that we correct inaccurate or incomplete information in your records. You also have a right to request a list of instances where we disclosed your personal health information for any reasons other than for treatment, payment, or other related administrative purposes.

You may request in writing that we not use or disclose your personal health information for treatment, payment or administrative purposes except when specifically authorized by you, when required by law, or in an emergency. Heartland Equine Therapeutic Riding Academy will consider all such requests on a case-by-case basis. The company is not legally required to accept the requests.

CONCERNS AND COMPLAINTS

If you are concerned that Heartland Equine Therapeutic Riding Academy may have violated your privacy right or if you disagree with any decisions we have made regarding access or disclosure of your personal health information, please contact our HIPAA Compliance Officer, Edye Godden, at the office address listed below. You may also send a written complaint to the U.S Department of Health and Human Services.

Heartland Equine Therapeutic Riding Academy  
HIPAA Compliance Officer  
Edye Godden  
10130 S. 222<sup>nd</sup> Street, Gretna, NE 68028  
Phone: (402) 359-8830

Every patient must receive a copy of this form

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Patient Name

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Signature of Patient or Parent/Guardian if under 18

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Date



# SAFETY RULES FOR ALL HETRA STAFF, VOLUNTEERS, FAMILIES AND PARTICIPANTS

**These guidelines have been developed for your safety. Failure to follow these rules can result in dismissal from this facility.**

1. Please DO NOT pet the horses in any outside pens or indoor stalls. Some horses on the property are privately owned and are not part of the HETRA herd.
2. Please do not arrive at the barn before you are scheduled, there must be a HETRA Instructor, Staff Member, or Barn Leader on site when volunteers, students or guests arrive. For insurance purposes there cannot be visitors at the HETRA facility when there is not a staff member on site.
3. ONLY the Barn Leader or approved Horse Leader will be allowed to get horses from outside pens.
4. No untrained individual should enter a pen or stall with a loose horse in it.
5. You should not be in any outside pen UNLESS you have been asked by an Instructor or Barn Leader to complete a specific task in this area. Once this has been completed please return to the proper volunteer areas.
6. NEVER sit, kneel or lay on the ground near a horse.
7. All phones must be turned to silent or vibrate when in the arena - NEVER answer your phone while working in the arena.
8. Please only use HETRA tack and equipment and always return it to its appropriate place.
9. Always clean up after yourself and any horse you are working with (sweep up any hair, manure, and throw away any trash).
10. All riders during a HETRA riding session are required to wear approved safety helmets (this includes Instructors).
11. Please do not feed any horses treats. Treating horses tends to promote biting. Also some of the horses are on special diets and treats can be detrimental to their health. Please do not allow the horses to lick your hands this encourages biting.
12. Please DO NOT pet the horses on their heads or faces, this is a personal space for them and can make them crabby.
13. When approaching a horse, always consider the horse's limited field of vision. Horses cannot see directly behind or in front of them without moving their head. Always approach a horse at the shoulder, speak to them as you approach, and then extend your hand and pat them on the neck or shoulder. When moving around a horse, placing a hand on their hip as you move around them allows them to know where you are.
14. Avoid sudden movements when around the horse. This includes removing coats, raising arms suddenly, running, jumping climbing, etc. Horses can spook easily, please keep this in mind at all times when around horses.
15. Please Do NOT reach into or pet a horse through the bars. If they can put their heads out it is ok to pet them. Please respect that they may need down time and do not want to be petted.
16. Only HETRA Instructors are allowed to put on or remove the bridles on the HETRA horses.
17. Please do not bring dogs or any other animals to the barn. (If you have a service animal please notify HETRA Staff).
18. The cats are cute and fun to play with but they can bite and scratch. Playing with the cats is done at your own risk. Please monitor any children during their interaction with the cats.
19. All children under the age of 12 must be DIRECTLY monitored by an adult at all times while on the property. Child must be in direct line of sight and adult must not be participating in any other activities such as volunteering or riding.
20. DO NOT enter any other buildings on the property unless directed by a HETRA Instructor or Staff Member.
21. If you are not directly involved with a session please keep all activities and conversations to the designated waiting areas. It is important to keep noise and conversation to a minimum when lessons are being conducted as it can be very distracting for the participants and horses.
22. The HETRA Instructors are ultimately responsible for all aspects of the session from the time the first horse is taken out until the last one is put away. Please listen and follow all directions given by the session Instructors. Please be aware of all situations around you and report any unsafe situation to the session Instructor or Barn Leader immediately.
23. HETRA strictly prohibits anyone, including individuals with permits, to carry concealed handguns, from possessing and/or carrying a concealed handgun while on HETRA's property. NO EXCEPTIONS will be made to this Policy. Any violation may result in the dismissal of Volunteer or Guest.
24. HETRA is a Tobacco Free Facility. Smoking or the use of any tobacco products is strictly prohibited on the HETRA property. This includes the arena/barn area as well as the parking lot and adjacent buildings on the property.

HETRA does not discriminate on the basis of race, color, religion, national origin, gender, age, or disability in admission to it's programs, services, or activities, or any other aspect of their operations.

**HETRA Volunteer & Guest Dismissal Policy:** HETRA reserves the right to dismiss a guest or volunteer from the facility and from the program if their behavior is putting themselves, a participant, staff, other volunteers or the horse's mental or physical health in jeopardy. The HETRA instructor in charge at the time of the incident will review the behavior with the volunteer and determine the level of intervention necessary. The level of intervention could include a verbal or written warning or immediate dismissal from the HETRA facility and program. Physical, emotional, mental or sexual abuse by a person at the HETRA facility will not be tolerated and will result in immediate dismissal from the HETRA facility. Alcohol consumption by a volunteer prior to a session is not allowed. A volunteer smelling of alcohol will not be allowed to assist with that night's session.

**Please follow these rules at all times while at the facility. Anyone not following these rules will be asked to leave the facility.**

My Family and/or I have read the Barn Rules and agree to follow them at all times while at the facility.

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

I am signing these rules as the Parent or Guardian for \_\_\_\_\_ family

## HETRA Social Media Policy

### Videos and Photography taken at the HETRA Facility Policy:

In order to protect you or your participants privacy as well as the privacy of others at the HETRA facility and due to the sensitive, private, and personal nature of our participants and the services we offer, we must exercise every precaution when taking photos or videos at HETRA. At this time we ask that all participants and families follow this process if they would like a picture of their participant while at the HETRA facility. Please do not take any picture or video at any time while at the facility on your own, please use the following procedure for any picture or video requests.

Procedure for pictures or videos of their participants while at HETRA.

1. Please notify your instructor or therapist that you would like a particular picture or video taken of your participant.
2. HETRA instructor or therapist will supervise taking of the picture on a HETRA approved device.
3. Once the picture/video has been taken it will be sent to the designated staff for approval (this allows the staff to check photo releases on everyone and make sure other participants/volunteers are not in the photo and there is no confidentiality issues related to the photo). Designated staff includes - CEO, COO, Equine Operations Manager and Program Manager.
4. Once approved the photo will be sent to the requesting party. We will do our best to make this a very timely process.

### Social Media:

Heartland Equine Therapeutic Riding Academy (HETRA) embraces social media and relies on our participants, staff, and volunteers to increase our online presence and build our brand. It is one of the most powerful platforms we have to share our mission, create positive awareness for our organization, and engage with our community on a daily basis. We highly encourage participants to engage with HETRA's social platforms by liking, commenting, and sharing our posts.

### Where to find HETRA:

Facebook	TeamHETRA
Twitter	@HETRA
Snapchat	Team HETRA
Instagram	team_HETRA
You Tube	HETRANebraska
Linked In	HETRA

### ALWAYS:

- Help HETRA spread the good word - share, retweet, and regram HETRA posts on your own social platforms.
- Refer to HETRA horses in a positive manner and forward inquiries about HETRA horses to a staff member
- Think twice before posting. If you have any doubt, please do not post.

### NEVER:

- Claim to be an official representative of HETRA
- Share confidential information about a participant, volunteer, employee or the organization
- Take photographs or video of a HETRA participant, volunteer, HETRA facility, horse or employee unless specifically approved to do so by a designated staff member
- Use language that is profane, harassing, racial, political, religious, or that is considered biased or slurred when posting about HETRA.
- Refer to a HETRA horse or the HETRA barn environment negatively.

### Violation of Social Media Policy

If a social media post is discovered that is in violation of this policy, you will be asked by a staff member to remove the post. Failure to remove a post could result in verbal or written warning or immediate dismissal from the HETRA facility and program.

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Signature of Patient or Parent/Guardian if under 18

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Date



## Participant's Medical History & Physician's Statement

**Who should fill out this form:** Please have the participants primary or treating physician fill out this form. If you are seeking services for HETRA's mental health programing, please have the psychiatrist or mental health practitioner fill out the form.

Your patient is interested in participating or continued participation in supervised equine-assisted services at our facility. In order to safely provide this service, our professionals request that you complete/update the Medical History and Physician's Statement Form as well as marking any potential Precautions or Contraindications to equine-assisted services.

Participant Name: _____	Date of Birth _____	Age _____
Height _____	Weight _____	Name of Parent/Guardian _____
Parent/Guardian Phone: _____		Parent/Guardian Email: _____
Diagnosis _____		Date of Onset _____
Past/Future Surgeries _____		

### Medical History

The list below may not preclude participation in HETRA programming but will allow the staff to create a treatment plan or curriculum that will help the participant achieve their desired goals.

Please indicate current or past areas of concern checking yes or no. If yes, please comment.

Area of Concern	Yes	No	Comments
Agitation/Anxiety			
Allergies (including medications)			
Auditory/Hearing			
Behavioral			
Cardiac			
Circulatory			
Digestion			
Elimination			
Hyperactivity			
Increased Sensitivities			
Memory Impairments			
Mood Changes			
Muscular			
Neurological			
Orthopedic			
Pain			
Problems Concentrating			
Pulmonary			
Sad/Depressed Mood			
Sensation			
Sleep/Appetite Changes			
Speech			
Social Withdrawal			
Thinking/Cognitive			
Visual			

**For ALL participants with Down Syndrome:** Due to the nature of Equine-Assisted Activities we require that ALL participants diagnosed with Down Syndrome must have an ANNUAL certification from their physician that a neurological and/or physical examination reveals no sign of AAI or decrease in neurological function:

- 1) ☐ Negative Cervical X-Ray for atlantoaxial instability- X-Ray date \_\_\_\_\_
- 2) ☐ Negative for clinical symptoms of atlantoaxial instability

#### SEIZURE INFORMATION:

Has the participant experienced a Seizure in the Past? ☐ Yes ☐ No If yes please indicate seizure Type \_\_\_\_\_

Are the seizures controlled? ☐ Yes ☐ No Date of last seizure \_\_\_\_\_

Current Medications: \_\_\_\_\_

Is a Shunt Present: ☐ Yes ☐ No Date of Last Revision: \_\_\_\_\_ Tetanus Shot ☐ Yes ☐ No Date of last Tetanus \_\_\_\_\_

**Mobility:** Independent Ambulation \_\_\_\_\_ Crutches \_\_\_\_\_ Braces \_\_\_\_\_ Wheelchair \_\_\_\_\_ Walker \_\_\_\_\_

### PRECAUTIONS or CONTRAINDICATIONS

Please note that the following conditions, if present, may represent precautions or contraindications to equine-assisted services. When completing this form, please mark any conditions that are present, and explain to what degree.

#### PSYCHOLOGICAL

x	Area of Concern	Description/Comments
	Animal Abuse	
	Dangerous to self/others (Self Injurious Behaviors)	
	Delusions/Hallucinations	
	Physical/Sexual/Emotional Abuse	
	Fire Settings	
	Alcohol/Substance Use	
	Suicidal Ideations	
	Homicidal Ideations	
	Significant Trauma History	

#### MEDICAL

x	Area of Concern	Description/Comments
	Allergies	
	Cardiac Condition	
	Blood Pressure Control	
	Exacerbations of medical conditions (RA, MS)	
	Hemophilia	
	Medical Instability	
	Migraines	
	PVD	
	Respiratory Compromise	
	Recent Surgeries	
	Weight Control Disorders	

**NEUROLOGIC**

x	Area of Concern	Description/Comments
	Hydrocephalus/shunt	
	Spina Bifida	
	Chiari II Malformation	
	Hydromyelia	
	Seizure Disorders	
	Tethered Cord	

**ORTHOPEDIC**

x	Area of Concern	Description/Comments
	Spinal Joint Fusion/Fixation	
	Spinal Joint Instabilities/Abnormalities	
	Atlantoaxial Instabilities (including neurological symptoms)	
	Heterotopic Ossification/Myositis Ossificans	
	Joint Subluxation and Dislocation	
	Osteoporosis – T-Score: _____ Date of exam: _____	
	Pathologic Fractures	
	Coxa Arthrosis	
	Cranial Deficits	
	History of Joint Replacement	
	Scoliosis/Kyphosis/Lordosis	
	Herniated/Slipped Disc	

**OTHER**

x	Area of Concern	Description/Comments
	Indwelling Catheter/Medical Equipment	
	Age under 4 years	
	Medications – ie photosensitivity	
	Poor Endurance	
	Skin Breakdown	
	Poor Head & Neck Control	
	Fatigue/Poor Endurance	

Please indicate any precautions/additional information not noted above : \_\_\_\_\_

Initial here if none of the above listed precautions/contraindications are present: \_\_\_\_\_

In my opinion, this individual can participate in supervised equine-assisted services. However, I understand that the HETRA will weigh the medical information above against the existing precautions and contraindications. I concur with a review/screening of the person's abilities/limitations by a licensed/credentialed health professional (PT, OT, Speech or Mental Health practitioner) in the implementing of an effective services.

Treating Physician Name (please print) \_\_\_\_\_ Phone \_\_\_\_\_

Treating Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in equine-assisted activities, please feel free to contact us at 402-359-8830.

### **Paperwork Checklist**

All of the following paperwork must be signed and turned in before an evaluation can be scheduled

- ☐ Participant's Registration & Emergency Contact Information
- ☐ Participant's Liability Release, Photo Release & Medical Consent Plan
- ☐ HIPAA Policy
- ☐ Billing Policies (Must be signed and dated)
- ☐ Safety Rules
- ☐ Social Media Policy
- ☐ Participant's Medical History and Physician's Statement (must be filled out completely, signed and DATED by treating physician)

**All paperwork can be faxed to (866) 577-4598 or mailed to HETRA, 10130 S. 222<sup>nd</sup> Street, Gretna, NE 68028**