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| **BigStrideTheC87a-A04aT04a-Z** | **HIPPOTHERAPY GUIDELINES AND PROCEDURES** | 150 Foal Drive, Roswell, GA 30076  Phone: 678-665-2926  FAX: 770-650-9696  [www.bigstridetherapy.com](http://www.bigstridetherapy.com)  bernie@bigstridetherapy.com |

Dear Parents:

Welcome to our program! Rest assured that your child’s safety comes first and foremost! We strictly abide by all Path Intl. regulations for safe and quality therapy. Please review below.

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| **REQUIREMENTS** |
| The following information and prescriptions must be received before your child can begin participation in Occupational Therapy utilizing **Hippotherapy.**   1. Completion of this form, including acknowledgement of reading the guidelines. 2. A copy of your child’s most recent IEP or IFSP and most recent OT evaluation and progress reports. Please also remember to email any updates or annual IEPs immediately to the therapist. Medicaid will not cover therapy if the IEP is due. 3. Two prescriptions from your child’s doctor, one that prescribes Occupational therapy” (not hippotherapy) and a separate one that allows medical clearance for horseback riding or “hippotherapy”. These will be on Big Stride Therapy Paperwork. 4. For Down syndrome children, a statement of medical clearance for Atlantoaxial Stability. 5. For Medicaid only clients, please note we will have to obtain a prior approval from Medicaid before starting therapy. If the child is already receiving therapy, you are responsible to find out if they already have a PA in place. We must work with the other therapy company to get a PA for both companies at the same time.   In addition, request that you follow these guidelines to help us assure the best experience for your child. |

| **GUIDELINES FOR ALL RIDERS** |
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| Fairhope Stables allows our program there on **Mondays** and **Wednesdays**. We are a separate program from the barn and are thankful to Fairhope Stables for allowing us to use their barn, facilities and their awesome horses. Please show respect for their premises, staff and horses.   1. For safety, please stay with your child until the therapist is ready to take over. We have a huge responsibility to maintain a safe environment with large animals. The horses are wonderful and well trained but can respond quickly if frightened. They are “flight” animals and unusual sounds, or sights can cause them to react in a dangerous manner. It is also important to maintain supervision of siblings or friends brought on property. 2. We are here to provide therapy using the movement of the horse, and distractions can affect the therapy and create an unsafe environment. Please do not interrupt the therapist or distract your child during their sessions. Please wait until the therapist completes all off horse therapy tasks before interacting with the therapist or your child. 3. Please dress your child appropriately. Closed-toe shoes, long socks in the cold weather, gloves and even a beanie for under the helmet. Layers of warm sweaters instead of large puffy jackets are preferred. No shiny or slippery nylon pants. In warm weather, bring a water bottle and wear sunscreen. 4. No smoking in or around the barn. 5. No dogs or other animals. 6. Please do not pet or feed the horses without permission. Not all the horses at the barn are therapy horses. 7. Gates will be closed during therapy sessions. 8. **Parents and visitors are not permitted in the ring or in the barn during sessions.** 9. We have ASTM/SEI approved riding helmets for your use at the farm. It is strongly recommended that you get your child used to wearing a helmet of some type at home (this could be an inexpensive bicycle helmet) since this is usually our biggest obstacle on the first day. If you are doing hippotherapy for a reasonable period of time, it is preferred that you purchase your child his/her own approved riding helmet, so it is always adjusted for a good, safe fit. 10. Big Stride Therapy provides Occupational Therapy. Therapy includes activities specifically designed to address your child’s functional goals. These include appropriate off-horse tasks and activities. These may also include bringing in the horse, grooming, tacking up, horse care and maintenance, safety, educational activities and parent consultation. It may also include therapy activities before and/or after the horse part of therapy. |

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| **CANCELLATIONS** |
| **A minimum of 24 hours notification of Cancellation is required**. Please let the therapist know as far as in advance as possible about scheduled vacations, etc. In the case of sudden illness, **please call as soon as possible**. Also, please bear in mind that the volunteers are scheduled several days in advance of your child’s session. We must also have sufficient notice to cancel their time. The therapist’s time is valuable, and she can readjust her schedule if advance notification is given.  If you cancel within 24 hours, you will still be responsible for the barn fee as the horse has been scheduled and the barn will still have to be paid.  **Inclement weather:** Unless your therapist contacts you, Occupational Therapy sessions are ON! Fairhope Stables has a full indoor area for the horses to continue therapy.  In the case of therapist cancelation due to weather or illness and a suitable make up time cannot be found, we will pro rate the following month.  A 30 day notice is required for withdrawal from the program. |

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| **BARN FEES** |
| **The stable where Big Stride Therapy operates out of, requires a “facility fee”.** This reserves your regularly scheduled time slot each week. It also covers the cost of the lease (use) of the horse for the therapy session, the use of the facility and to repair and replace the required expensive equipment required – saddles, bridles etc. Please bear in mind that the hippotherapy horses are very expensive to support, (hay, grain, horseshoes, wormers, shots, vet, extra training etc.). The barn fee does not cover any of the therapy costs. Horses are very expensive!  **The barn fee is $120 per month for a 4 week month ($30 per session) due at the beginning of the month If you miss a session due to illness or vacation, please try to reschedule for another available time if possible. Please do not contact the barn regarding sessions or barn fees – direct all questions to Bernie.**  **PLEASE NOTE: INSURANCE OR MEDICAID DOES NOT COVER BARN FEES!** |

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| **ACKNOWLEDGEMENT AND CONSENT** |
| I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read the hippotherapy guidelines and agree to adhere to the barn rules and agree to pay the $120 barn/facility fee every month that my child is enrolled in hippotherapy. I understand that the fee is paid per month for weekly 55 minute sessions. This fee reserves my weekly appointment time and covers the lease of the horse and the facility. I further understand that a one months’ notice of cancellation for withdrawal from the program is required.  \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Client Name Signature of Parent or Guardian |

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| **PHOTO RELEASE** |
| I hereby consent and authorize the use and reproduction of any and all photographs and other audiovisual materials taken of me, my son/daughter/ward for promotional printed material and/or educational activities for Big Stride Therapy.  \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Client Name Signature of Parent or Guardian |

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| Under Georgia law, an Equine activity sponsor or Equine Professional is not liable for any injury to or the death of a participant in Equine activities resulting from the inherent risks of Equine activities pursuant to chapter one of title for the official code of Georgia annotated.  I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_ ­­­­would like to participate in Big Stride Therapy program. I acknowledge the risks and potential for risks of horseback riding however, I feel the benefits are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, indemnify, hold harmless, waive and release forever all claims for damages against Big Stride Therapy, Fairhope Stables, its board of directors, Instructors, Therapists, Aides, volunteers, and/or Employees, Students as well as the owners of the property, Fairhope Stables and their officers, family members, agents, employees and contractors for any and all injuries and/or losses, including theft, loss of property, or death that I may sustain in the Big Stride Therapy program.  \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Client Name Signature of Parent or Guardian |

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| **CONSENT FOR RELEASE OF INFORMATION** |
| I hereby authorize Big Stride Therapy to release to all insurance companies only such therapy and financial information as may be necessary to determine benefits and to process claims for therapy services that will be provided.  \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Client Name Signature of Parent or Guardian |

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| **CONSENT OF TREATMENT** |
| I do hereby consent for treatment by Big Stride Therapy. I consent to care and treatment that falls within the scope of Occupational Therapy practices as defined by the State of Georgia. I understand that therapy is not an exact science, and that the treatment will involve physical participation on the part of the client which may involve risks of injury. I feel the possible benefits to myself, son, daughter or wards are greater than the risks assumed. I hereby intending to be legally bound for myself, my heirs and assigns, executors or administrator, indemnify, hold harmless, waive release forever any and all claims for damages against Big Stride Therapy, its board of directors, therapists, instructors, aides, volunteers, students and employees for any and all injuries and losses, including theft, loss of property or death that I, my son, daughter or ward may sustain while participating in the Big Stride Therapy program.  By signing this form, I acknowledge that I have read and understand the contents and am competent to execute and am authorized to execute on behalf of that person.  \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Client Name Signature of Parent or Guardian |

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| **CONSENT FOR PAYMENT** | |
| I understand the hourly rate for Occupational Therapy is $200 per session. I understand a yearly evaluation may be required. I authorize Big Stride Therapy to bill my appropriate third party payer for direct reimbursement for therapy services rendered to me/my child. Benefit payment will be assigned directly to Big Stride Therapy. I understand I am financially responsible for claims not paid by insurance for services provided by Big Stride Therapy. I understand I am responsible for any and all charges and/or copays that are not paid by my insurance, including any required deductible. I will pay Big Stride Therapy in full any outstanding charges prior to services being rendered. Any unpaid balances will be required to be paid in full prior to the next session. I will inform the provider of any changes in applicable third party payor that may occur.  \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Client Name Signature of Parent or Guardian | |
| **CONSENT FOR RELEASE OF INFORMATION** | | |
| I hereby authorize the following person or facility to release information from the records of my child.   1. Person or Facility \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Person or Facility \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Person or Facility \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Client Name Signature of Parent or Guardian | | |
| **PRIVACY PRACTICES AND PROCEDURES ACKNOWLEDGEMENT** | | |
| I understand that Big Stride Therapy may be provided access to or create on my behalf, certain protected health information and that I have certain rights to the restriction of disclosure and use of such information. I have reviewed the HIPAA notice and understand its terms.  \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Client Name Signature of Parent or Guardian | | |