Volunteer Confidentiality Policy

Due to the nature of therapeutic horseback riding, it is the policy of the Horses In Service Natural Therapeutic Riding Center that any and all information pertaining to our riders, their family, and volunteers shall remain privileged and confidential. This information may include, but is not limited to, any medical, social, referral, personal, and/or financial information that may be disclosed as a result of participation at the center.

Disclosures of any confidential information shall not be released to anyone not associated with Horses In Service Natural Therapeutic Riding Center. Discussions involving any rider shall be limited to progress reports, appropriate mounted and unmounted safety guidelines, and any other guidelines the instructor may deem appropriate in each situation. Volunteers will be given information concerning students on a “need to know” basis and in keeping with the confidential nature of our client’s records. Each rider shall be assured of record confidentiality and as such, only authorized staff will have access to secure records location. Volunteers are not permitted to discuss riders with other volunteers, their parents or guardians, other instructors, friends, etc., outside of the center. Interviews or other forms of public discussions with any public relations media, either through television, radio or any other type of publication is strictly prohibited by any volunteer. All such matters should be directed to the Executive Director for appropriate action.

Since our intentions are to safeguard our riders, this policy is designed to ensure that the privacy of our riders, their families, and volunteers is protected. Sensitive medical, psychiatric, psychological and/or personal information may be detrimental if released to those outside of the Horses In Service Natural Therapeutic Riding Center. Such a breech of confidentiality may also constitute ground for legal action.

Failure to adhere to Horses In Service Natural Therapeutic Riding Center confidentiality policy by any staff or volunteer may result in the termination of service with the center and corrective actions taken.

I _____
(Print Name)
agree to uphold the confidentiality policy as stated above.

_____ _____
Volunteer Signature *Date*

_____ _____
(Parent/Guardian Signature if under age 18) *Date*