



2024-2025 Client Information Packet

Operation Equine

281-356-5900 | 281-356-5901 | 29500 Tudor Way Magnolia, TX 77355

Dear Prospective JoyRide Participant,

We welcome your interest in JoyRide Center's programs. We look forward to working with you to accomplish your goals. The mission of the JoyRide Center is to help people with different abilities find more joy in life through equine-assisted services, and functional/life skills education.

In this packet you will find useful information about our JoyRide, our programs and policies. A great deal of information is communicated to our participants electronically, please keep us updated with your primary email address.

About JoyRide Center

JoyRide Center is a PATH Premier Accredited Equine Center. Path Intl., the Professional Association of Therapeutic Horsemanship, has been established since 1969. JoyRide is a 501(c)(3) nonprofit organization governed by a volunteer Board of Directors with a knowledgeable, dedicated staff of professionals. JoyRide receives no funding from any state or federal sources. We rely on private and corporate donations, grants, proceeds from special events and participant tuition. All instructors at JoyRide are PATH Intl. certified or are working toward this certification. Volunteers are trained in specific methods to help provide our participants with the most beneficial experience possible.

We provide four primary programs – Therapeutic Riding, Prep Day Program, Operation Equine, and Equine Connections.

OPERATION EQUINE

Operation Equine is a program designed to support veterans and first responders through horse and human interactions. These sessions are facilitated by PATH certified Equine Specialist in Mental Health Learning to veterans and first responders. Operation Equine includes equine-assisted activities aimed at learning horsemanship skills, rebuilding critical



life skills, reduced anxiety, increased confidence, improved self-awareness and communication skills. This program involves group or private lessons led by a PATH Intl. certified Equine Specialist. Lessons will consist of unmounted activities with equines focused on the needs of Veterans and First Responders.

Registration Process

1. Contact the Equine Programs Manager, Regina Pakstas-Smith, to discuss Operation Equine, to ensure it is a good fit for you.

Regina@joyridecenter.org or call 281-356-5900

2. Read the entire client packet and privacy practices policy – [Client Packet & Privacy Practices](#)
3. Complete the online registration form – [Online Registration](#)
4. Schedule an initial visit OR be added to our wait list

Precautions and Contraindications for Therapeutic Riding

Please review the list of precautions and contraindications. If the participant has one or more of these conditions Operation Equine may not be recommended. Please contact our office (281-356-5900) if you have any questions or need additional information.

*Please note on the application if any of the following apply:

Orthopedic

Atlantoaxial Instabilities – including neuralgic symptoms

Coxa Arthrosis

Cranial Deficits

Heterotopic Ossification/Myositis

Ossificans

Joint Subluxation/Dislocation

Osteoporosis



Neurological

Pathologic Fractures
Spinal Fusion/Fixation
Spinal Instability/Abnormalities
Seizure Disorder
Neurologic Hydrocephalus/shunt
Spina Bifida/Chiari II malformation/Tethered
Cord/Hydromyelia

Other

Poor Endurance
Skin Breakdown
Indwelling Catheters
Weight over 240 pounds
Medications – i.e. photosensitivity
Allergies
Blood Pressure Control
Medical/Psychological
Animal Abuse
Physical/Sexual/Emotional Abuse
Dangerous to self or others

2024-2025 Semesters

- Fall 2024 – August 26th – December 13th
- Spring 2025 – January 6th – May 23rd

Calendars are available at the center and on our [website](#).

Guidelines and Policies

Participation Requirements

Individuals may not be allowed to participate in the program if any of the following situations occur:



1. The participant's physical condition is in any way exacerbated by receiving services at JoyRide Center.
2. An appropriate horse is no longer available for the participant.
3. The participant's behavior poses safety concerns for the participant, Staff, Volunteer or Horse (at the discretion of the program manager).
4. The participant meets any of the dismal criteria found on page 6.

General Policies

1. Participants are required to sign a variety of forms; including but not limited to a photo release, liability release, emergency medical form, and attending physician forms. All forms must be completed and signed prior to any participation in JoyRide Center activities.
2. For the safety of everyone, off-limit areas are posted. The designated viewing area is on the South side of the arena. JoyRide Center requests that all children be supervised while on JoyRide Center premises.
3. Personal pets are not allowed on property, with the exception of service dogs.
4. PATH approved helmets and other equipment may be required during lessons, contact your program manager will provide individual requirements.
5. No smoking or vaping on the premises.
6. Clothing Requirements; closed toed shoes are required to work with equine. Avoid wearing loose fitting clothing or large jewelry.
7. For the safety and respect of others, participant s, staff and volunteers will not bring alcohol or drugs onto JoyRide Center premises. Nor will participants, staff or volunteers be under the influence of alcohol or drugs while on JoyRide Center premises.
8. For the safety and respect of others, those with conceal carry permits, weapons must remain locked in the trunk of your vehicle at ALL times.
9. JoyRide Center is private property. For admittance outside of operating hours, prior authorization is needed by the Executive Director, Carrie Kennedy.
10. Violation of any of these rules may result in immediate termination from the program.

Billing

Operation Equine is a fully funded program, US veterans and first responders will incur no cost for our services.



Parking

PLEASE DRIVE SLOWLY! We have clients and horses moving across the parking lot throughout the day. Participants may park on the concrete parking area opposite the covered arena. Please do not leave engines running. Be mindful of the sound level of audio systems, as not to disrupt classes or horses.

Late Arrival Policy

Participants are asked to be on time, please contact the office at 281-356-5900 if you are running late. Continued late arrivals may result in dismissal from the program.

Attendance & Cancellation Policy

Multiple cancellations, no-shows, or tardies can result in removal from the program. In order to maximize the participant's progress, it is critical that they attend scheduled sessions. Arriving late or missing sessions impairs the ability to progress, disrupts staff schedules, and discourages volunteers.

Please note the following:

1. For cancellations contact your instructor or Blake Lewis (office manager) via phone or email, blake@joyridecenter.org.
2. If the participant does not call or attend their lesson time, the absence will be marked as a "no-show". Multiple no-shows may result in removal from program and/or tuition assistance.
3. Three cancellations in a row OR five cancellations per fiscal year could result in the loss of the participant's scheduled appointment time and/or scholarship.
4. If possible, JoyRide Center will try to schedule weather related make-up days.

Class Cancellations

We make every attempt not to interrupt the semester with class cancellations; however, occasionally classes need to be cancelled due to teacher/instructor illness, horse shortage, preparation for competition or dangerous weather conditions. We will call you at the number you have designated on your registration form in the event of a class cancellation.

Illness

We want to keep everyone healthy; therefore, the participant should not attend unless he/she has been fever-free with no vomiting or diarrhea for at least 24 hours.



Weather Policy

1. During extreme weather classes could be canceled. Cancellations will be left to the discretion of the Program Manager. If the session can be held under the covered arena, and if there is no medical criteria keeping the client from participating, sessions will continue.
2. JoyRide Center may cancel classes in the event of a Magnolia ISD school cancellation due to weather or if there is a National Weather Service warning for our area (heavy rains, thunderstorms, strong winds, or flooding).
3. In the event of a session cancellation due to inclement weather, JoyRide Center will notify the participant or the primary contact. Please make sure that JoyRide Center has a current *phone number and email for notification purpose*.

Class Policies

Clothing Requirements

Closed toe hard-soled shoes are required. Sneakers or boots are preferred. Loose fitting clothing, shirts long enough to be tucked in.

Participant Dismissal

Please be advised of the following reasons that may lead to discharge from the program.

- Three scheduled appointments missed without prior cancellation notice.
- Uncontrolled and/or inappropriate behavior that constitutes a safety risk to participant, volunteers, staff and/or horse.
- Any change in the participant's physical, medical (including seizure activity), cognitive, or emotional condition that makes EAS unsafe for the participant, staff, volunteers and/or horse.

Conduct at the Center

It is mandatory that everyone complies with all posted safety rules and abide by all posted off-limit areas. Anyone whose actions may result in a potentially serious or adverse situation may be asked to leave the premises. Such actions include: threatening the safety of others, being disruptive or abusive, acting inappropriately or dangerously or refusing to comply with JoyRide policies and procedures. JoyRide is a no smoking facility and the use of drugs or alcohol on the property is strictly forbidden. Open carry of handguns is prohibited. Firearms or weapons must be secured and locked in your vehicle while on JoyRide property. No mistreatment, abuse or suggested abuse of any person or animal will be tolerated.



Thank you for your interest in JoyRide Center. We encourage you to complete your registration forms online, they can be found here: [Online Registration](#)

You may also mail forms to:

JoyRide Center

29550 Tudor Way

Magnolia, TX 77355

Or fax forms to 281-356-5901

JoyRide Center

NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE: May 1, 2022

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

Each time you visit a hospital, physician, dentist, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information often referred to as your health or medical record, serves as a basis for planning your care and treatment and serves as a means of communication among the many health professionals who contribute to your care. Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and helps you make more informed decisions when authorizing disclosure to others.

YOUR HEALTH INFORMATION RIGHTS

Unless otherwise required by law, your health record is the physical property of the healthcare practitioner or facility that compiled it. However, you have certain rights with respect to the information. You have the right to:

1. **Receive a copy of this Notice of Privacy Practices** from us upon request.
2. **Request restrictions on our uses and disclosures of your protected health information** for treatment, payment and health care operations. This includes your right to request that we not disclose your health information to a health plan for payment or health care operations if you have paid in full and out of pocket for the services provided. We reserve the right not to agree to a given requested restriction.
3. **Request to receive communications of protected health information in confidence.**
4. **Inspect and obtain a copy of the protected health information** contained in your medical and billing records and in any other Practice records used by us to make decisions about you. If we maintain or use electronic health records, you will also have the right to obtain a copy or forward a copy of your electronic health record to a third party. A reasonable copying/labor charge may apply.



5. **Request an amendment to your protected health information.** However, we may deny your request for an amendment, if we determine that the protected health information or record that is the subject of the request:
- was not created by us, unless you provide a reasonable basis to believe that the originator of the protected health information is no longer available to act on the requested amendment;
 - is not part of your medical or billing records;
 - is not available for inspection as set forth above; or
 - is accurate and complete.

In any event, any agreed upon amendment will be included as an addition to, and not a replacement of, already existing records.

0. **Receive an accounting of disclosures of protected health information** made by us to individuals or entities other than to you, except for disclosures:

- to carry out treatment, payment and health care operations as provided above;
- to persons involved in your care or for other notification purposes as provided by law;
- to correctional institutions or law enforcement officials as provided by law;
- for national security or intelligence purposes;
- that occurred prior to the date of compliance with privacy standards (April 14, 2003);
- incidental to other permissible uses or disclosures;
- that are part of a limited data set (does not contain protected health information that directly identifies individuals);
- made to patient or their personal representatives;
- for which a written authorization form from the patient has been received

0. **Revoke your authorization to use or disclose health information** except to the extent that we have already been taken action in reliance on your authorization, or if the authorization was obtained as a condition of obtaining insurance coverage and other applicable law provides the insurer that obtained the authorization with the right to contest a claim under the policy.

0. **Receive notification if affected by a breach of unsecured PHI**

HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED

This organization may use and/or disclose your medical information for the following purposes:



Treatment: We may use and disclose protected health information in the provision, coordination, or management of your health care, including consultations between health care providers regarding your care and referrals for health care from one health care provider to another.

Payment: We may use and disclose protected health information to obtain reimbursement for the health care provided to you, including determinations of eligibility and coverage and other utilization review activities.

Regular Healthcare Operations: We may use and disclose protected health information to support functions of our practice related to treatment and payment, such as quality assurance activities, case management, receiving and responding to patient complaints, physician reviews, compliance programs, audits, business planning, development, management and administrative activities.

Appointment Reminders: We may use and disclose protected health information to contact you to provide appointment reminders.

Treatment Alternatives: We may use and disclose protected health information to tell you about or recommend possible treatment alternatives or other health related benefits and services that may be of interest to you

Health-Related Benefits and Services: We may use and disclose protected health information to tell you about health-related benefits, services, or medical education classes that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care: Unless you object, we may disclose your protected health information to your family or friends or any other individual identified by you when they are involved in your care or the payment for your care. We will only disclose the protected health information directly relevant to their involvement in your care or payment. We may also disclose your protected health information to notify a person responsible for your care (or to identify such person) of your location, general condition or death.

Business Associates: There may be some services provided in our organization through contracts with Business Associates. Examples include physician services in the emergency department and radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose some or all of your health information to our Business Associate so that they can perform the job we have asked them to do. To protect your health information, however, we require the Business Associate to appropriately safeguard your information.

Organ and Tissue Donation: If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ

Health Oversight Activities: We may disclose protected health information to federal or state agencies that oversee our activities.

Law Enforcement: We may disclose protected health information as required by law or in response to a valid judge ordered subpoena. For example in cases of victims of abuse or domestic violence; to identify or locate a suspect, fugitive, material witness, or missing person; related to judicial or administrative proceedings; or related to other law enforcement purposes.

Military and Veterans: If you are a member of the armed forces, we may release protected health information about you as required by military command authorities.

Lawsuits and Disputes: We may disclose protected health information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected health information about you to the correctional institution or law enforcement official. An inmate does not have the right to the Notice of Privacy Practices.

Abuse or Neglect: We may disclose protected health information to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Fund raising: Unless you notify us you object, we may contact you as part of a fund raising effort for our practice. You may opt out of receiving fund raising materials by notifying the practice's privacy officer at any time at the telephone number or the address at the end of this document. This will also be documented and described in any fund raising material you receive.

Coroners, Medical Examiners, and Funeral Directors: We may release protected health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release protected health information about patients to funeral directors as necessary to carry out their duties.

Public Health Risks: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The



donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Worker's Compensation: We may release protected health information about you for programs that provide benefits for work related injuries or illness.

Communicable Diseases: We may disclose protected health information to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

disclosure will be made for the purpose such as controlling disease, injury or disability.

Serious Threats: As permitted by applicable law and standards of ethical conduct, we may use and disclose protected health information if we, in good faith, believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Food and Drug Administration (FDA): As required by law, we may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

Research (inpatient): We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research.



OUR RESPONSIBILITIES

We are required to maintain the privacy of your health information. In addition, we are required to provide you with a notice of our legal duties and privacy practices with respect to information we collect and maintain about you. We must abide by the terms of this notice. We reserve the right to change our practices and to make the new provisions effective for all the protected health information we maintain. If our information practices change, a revised notice will be mailed to the address you have supplied upon request. If we maintain a Web site that provides information about our patient/customer services or benefits, the new notice will be posted on that Web site.

Your health information will not be used or disclosed without your written authorization, except as described in this notice. The following uses and disclosures will be made only with explicit authorization from you: (i) uses and disclosures of your health information for marketing purposes, including subsidized treatment communications; (ii) disclosures that constitute a sale of your health information; and (iii) other uses and disclosures not described in the notice. Except as noted above, you may revoke your authorization in writing at any time.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions about this notice or would like additional information, you may contact our Privacy Officer, Blake Lewis at the telephone or address below. If you believe that your privacy rights have been violated, you have the right to file a complaint with the Privacy Officer at JoyRide Center or with the Secretary of the Department of Health and Human Services or Texas Attorney General's office. The complaint must be in writing, describe the acts or omissions that you believe violate your privacy rights, and be filed within 180 days of when you knew or should have known that the act or omission occurred. We will take no retaliatory action against you if you make such complaints.

The contact information for both is included below.

U.S. Department of Health and Human Services Office of the Secretary 200 Independence Avenue, S.W. Washington, D.C. 20201 Tel: (202) 619-0257 Toll Free: 1-877-696-6775 http://www.hhs.gov/contacts	Office of the Texas Attorney General Consumer Protection Division PO Box 12548 Austin, TX 78711-2548 Tel: (512) 463-2100 Toll Free: (800) 252-8011 https://www.oag.state.tx.us/forms/cpd/form.php	JoyRide Center Blake Lewis 29550 Tudor Way Magnolia TX 77355 281-356-5900 281-356-5901
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NOTICE OF PRIVACY PRACTICES AVAILABILITY

This notice will be prominently posted in the office where registration occurs. You may obtain a copy upon request, and the notice will be maintained on the organization's Web site for downloading.