

EAT Riding Center
41919 NW Wilkesboro Rd
Banks, Or 97106
(503)-324-3071 Fax (503-324-3020)

Confidentiality Policy

The Bradley's Equine Assisted Therapeutic Riding Center (BEAT) recognizes the right of participants/riders and their families to have privacy and control over any information that might be personal or sensitive. In order to respect that right, BEAT has adopted the following policy regarding confidentiality.

Those bound by the directives of this policy are ALL persons in any way connected with BEAT, including but not limited to: full and part-time staff, volunteers, board members, temporary employees, independent contractors, and instructor workshop/training/certification participants. Any person violating these policies will be subject to penalties ranging from reprimand to alteration of job responsibilities to termination to legal action.

Information considered to be confidential includes all medical, familial, social, referral, personal, and financial concerns regarding a participant and/or his/her family. Such information is considered confidential regardless of how it is obtained, whether directly from the participant or family, BEAT staff, volunteers or others association with BEAT, or inadvertently from other sources, such as but not limited to a chart, computer screen or overheard conversation.

You may share your experiences with those outside of BEAT Riding Center. However be cautious in the use of a participants/riders or their families name or identifying information without their consent.

Consent to disclose information to outside individuals or agencies, including photographs and videotapes, should be obtained in writing from the proper legal representative. Adults age 18 and over with developmental disabilities are presumed to be competent to give consent unless they have specifically been found incompetent in a court of law. In such case, a substitute decision-maker would be assigned, and any consent must be obtained from that decision-maker.

I have read and understand the BEAT confidentiality policy as described above and agree to observe its principles.

Signature: _____ Date: _____

Name (print): _____

Signature of parent or guardian if under 18 years: _____