**Wyo Hoofbeats, EAL**

**(Equine Assisted Learning)**

**Volunteer Handbook**

**Wyo Hoofbeats, EAL’s Mission:** to provide equine assisted learning by connecting people with horses to create an experience that enriches an individual’s mind, body, and spirit.

**Release of Liability/Consent Form for**

**Wyo Hoofbeats, EAL Volunteers**

Welcome to Wyo Hoofbeats, EAL’s Equine Assisted Learning Program for Volunteers! This document contains important information about our professional services and business policies. Although this document is long and detailed, it is very important that you understand it. When you sign this document, it will also represent an agreement between us. We can discuss any questions you have when you sign this form or at any time in the future.

Equine Assisted Learning is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a volunteer in this learning process, you have certain rights and responsibilities that are important for you to understand. There are also legal limitations to those rights that you should be aware of. Your rights and responsibilities are described in the following sections.

**I. SERVICES**

Wyo Hoofbeats, EAL offers a modality called **Equine Assisted Learning** which is an experiential form of learning where horses are involved in the sessions. “Experiential” means that you will be involved in hands-on experiences with the horses designed to reflect things going on in your life. The process is not always about interacting with the treatment team, although that will happen at times. It is about providing you the opportunity to experience, explore, problem-solve, discover, be creative, gain insight and experience practical applications of what you are learning in the moment. The process is about “doing” along with the “talking.”

**Why horses?** There are several reasons we choose to use horses in this work, but primarily it is due to their nature as a social and prey animal. As a result of this nature, they have an extraordinary ability to read our nonverbal communication – picking up on messages we are sending which we are not always conscious we are doing. With this, they start responding to us in familiar ways reminding us of other people and things in our life. It is through this they become metaphors (symbols) providing us the opportunity to work on ourselves in relation to those aspects of our lives.

Horses do not know our past, education, gender, race or other labels we may apply to ourselves and each other. They are in the moment and can be a part of this relationship without the bias’s we humans put on each other. This provides even more value in the insight they can provide us about ourselves.

There are some risks in being around horses due to their size and nature of being an animal. This is covered in the Liability Release Form we have provided for your review and signature and which we have covered verbally with you. It is important you understand the risks and benefits and ask any questions you may have about that in making your decision to be involved in these services.

Wyo Hoofbeats, EAL follows the **EAGALA Model of Equine Assisted Learning**. This means:

1. Sessions are conducted by a facilitating team (treatment team) of a Licensed Mental Health Professional (MH) and a qualified Equine Specialist (ES) in all sessions. These professionals are EAGALA Certified or Qualified which means completion of specialized training in this model, requirements of ongoing continuing education and adherence to high standards of professionalism and practice. While both members of the team are involved in the learning process, the role of the ES is to oversee physical safety needs and provide observations on the behaviors of the horses. The MH is there to oversee the learning process and help make the parallels of the horse observations to meet our client’s goals and recognize life skills.
2. All sessions are on the ground – there is no riding of horses involved in the treatment process. While our clients will learn a thing or two about horses, it is not the intent or focus to learn how to ride. We are here to address a client’s goals and we commit to utilizing the methods we have found to best support that focus.
3. The process is solution-oriented – meaning we believe our clients have the best solutions for themselves when provided the opportunity to discover them. We are here to provide the space and guidance through exploring what is happening in the process. Our clients are individuals, and every life situation you are involved in will have its own unique solutions which fits our clients– we are here along with the horses to help our clients find them.
4. This process also incorporates “Evidence Based” interventions as determined by the Mental Health profession.
5. Equine therapy sessions will be located at 1274 Belfry Highway, Cody, WY or 1962 Lane 15, Powell, WY. These locations may change dependent on seasonal weather.
6. EAGALA is an international, nonprofit professional association for Equine Assisted Psychotherapy and has standards and a code of ethics which we follow and have accountability to as EAGALA Certified professionals. You may review a copy of the Code of Ethics as well as go to [www.eagala.org](http://www.eagala.org) for more information.

You can read more about why horses and EAGALA Model Equine Assisted Learning at [www.eagala.org](http://www.eagala.org) and feel free to ask questions at any time.

**II. CONFIDENTIALITY**

Please review the attached HIPAA education and sign the confidentiality agreement for volunteers. Please let us know if you have further questions.

**III. VOLUNTEER ROLE**

Your role as a volunteer is not to have any interaction with our clients during their therapeutic process. We are asking you to be a part of our experience by helping to set up and tear down for each event, set up and tear down for each activity, and help to provide care to our horses when needed. We ask that you have minimal contact with clients in order to allow them to have their own unique experience during each learning session. We are very thankful for your help and assistance. Please let us know if you have any questions on your incredibly important role as a volunteer for Wyo Hoofbeats, EAL.

**IV. Dress Code**

As representatives of Wyo Hoofbeats, EAL, volunteers are responsible for presenting a good image to clients and to the community. Volunteers shall dress appropriately for the conditions and performance of their duties. They will be required to wear closed toe shoes during equine assisted activities.

**V. Requirements**

Volunteers must be able to complete a background check to ensure the safety of all clients of Wyo Hoofbeats, EAL. For the protection of clients, volunteers will be required to submit a criminal background check to Verified Volunteers. Volunteers who are employed by school, state, or federal jobs may be asked to submit a copy of background checks from employment; however, are not required to submit background checks to Verified Volunteers. Volunteers who refuse to submit a background check will not be accepted as volunteers for Wyo Hoofbeats, EAL.

* Volunteers may be asked to pay for their own background check fee of $30 through Verified Volunteers.
* Volunteers will also be interviewed and accepted as a qualified volunteer by at least 2 Board of Directors.

**VI. Dismissal of Volunteers**

Volunteers may be asked to leave the facility/program for several reasons, including, but not limited to:

* The use of alcohol or illegal drugs at the facility or at any events hosted by Wyo Hoofbeats, EAL
* Coming to sessions while under the influence of alcohol or illegal drugs
* Smoking on premises of sessions
* Mistreatment of the horses or other animals
* Persistent disruption of staff during sessions
* Verbal or physical abuse, sexual harassment or other inappropriate behavior toward participants, volunteers, or staff members
* Or any other behavior that would be deemed inappropriate by staff

**VII. CONTACTING US**

Please contact us at the following: wyohoofbeats@gmail.com, Jody at 307.899.7104, or Heather at 307.899.1748.

I, , (as a volunteer) participating in Equine Assisted Learning (EAL) sessions recognize that there can be inherent risk with any physical activity within these sessions.

I agree to hold Wyo Hoofbeats, EAL, its Board of Directors, employees, volunteers, and the owners of the location of 1274 Belfry Highway, Cody, WY or 1962 Lane 15, Powell, WY harmless for any injuries incurred during the normal course of activities in Equine Assisted Learning Sessions. This also includes transportation services provided for specific classes.

I agree for my photograph to be taken while at the Equine Assisted Learning Sessions to be used for marketing purposes.

□ ***I hereby give my consent*** to have my photograph taken.

□ ***I do NOT give my consent*** for my photograph to be taken.

This release will remain in effect until such time that the volunteer is no longer interested in volunteering.

□ I have read and understand the above statements and ***I hereby give my consent*** to volunteer in EAL sessions.

□ I have read and understand the above statements and ***I do not give my consent*** to volunteer in the EAL sessions.

 (Name of Volunteer) Date

 (Witness) Date

**In case of an emergency, I give Wyo Hoofbeats, EAL permission to contact:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HIPAA Awareness Training for Wyo Hoofbeats, EAL Volunteers**

**Training Objective:**

 To have every volunteer, intern, and employee:

 ~understand what HIPAA is

 ~understand patient rights

 ~know the consequences for non-compliance with the law

 ~Recognize the importance of making a commitment to patient confidentiality

**What is HIPAA?**

HIPAA (Health Insurance Portability and Accountability Act) was enacted in 1996. It is a federal law that sets out rules for sharing personal medical information and protective it from unauthorized uses. The original intent was to make it easier for people with health issues to keep their health insurance when they changed careers. It applies to information collected by oral, verbal, or electronics in hospitals, doctor’s offices, and other places that provide health care as well as to the businesses that help providers manage and store the data.

The law allows people who are directly involved in the care of a patient or payment for services to see this information but others such as employers, employees, or other people who want this information cannot have it. The US Department of Health and Human Services issued the Privacy Rule in April 2003 to implement this aspect of the law and it’s Office of Civil Rights is in charge of enforcing it.

HIPAA is based on two important ideas: Privacy and Confidentiality.

**Privacy** refers to a person’s right to limit who know what about one’s medical or mental health condition. It also refers to the right to have conversations about their care in places where others cannot overhear.

**Confidentiality** refers to a person’s right to limit or place restrictions on who can access and share their medical information.

**Why is HIPAA important to you?**

It is everyone’s responsibility to take the confidentiality of patient information seriously. Anytime volunteers come in contact with patient information or any personal health information, they become involved with some facet of the HIPAA regulations. It is for this reason that the law requires awareness training for all personnel.

**What is Protected Health Information (PHI)?**

According to HIPAA, ALL of the following information can be used to identify a patient:

* Name
* Addresses
* Dates
* Telephone or fax numbers
* Social security numbers
* Medical records numbers
* Patient account numbers
* Insurance plan numbers
* Vehicle information
* License numbers
* Medical equipment numbers
* Photographs (unless authorized by client or parent/guardian)
* Email Addresses

This information is referred to as Individually Identifiable Health Information (IIHI). Removing a patient name from a chart is no longer sufficient to de-identify the patient. HIPAA refers to this information as Protected Health Information (PHI).

This is any health information that identifies someone or can be used to identify someone must be protected.

\*\*If a client’s information is any of the above, you must have the patient or parent/guardian’s signed authorization, before sharing that information with ANYONE.

**Sharing Client Information:**

HIPAA, under the Consent Rule, allows for the provider of care to use health information for treatment, payment, and operations (TPO). Before HIPAA, it was common to use patient information for other purposes and to share more than the minimum necessary information. Under the Minimal Necessary Rule, volunteers should only have access to the information they need to fulfill their assignments.

Volunteers CANNOT share medical information with anyone. This includes what a student may see, hear, or observe while participating in an event, activity, or session.

* If you see someone you know, you cannot share that information with anyone. Be careful disclosing that you saw someone even in casual conversation such as “Hey, while at the hospital today I saw Mr. \_\_\_\_\_ come in.”
* If you hear something about a person, you cannot share that information with anyone.
* If you see a person’s medical history, you cannot share that information with anyone.

**What are the Consequences of Not Complying with the Law?**

Under HIPAA, there are now fines and penalties for sharing information about a patient. We treat privacy seriously, which is why every volunteer is required to read this form and sign a confidentiality agreement. A breach of privacy hurts everyone. Wrongful and willful disclosure of health information carries fines and can involve jail time.

**Why Should We Comply with HIPAA?**

* It is the right thing to do
* It is in keeping with the values of our organization
* Think about how you would feel if it were your information or a loved one
* People in health care think they already do a good job protecting patient information, but HIPAA requires more protection

**\*\*WE HAVE TO PROTECT ALL HEALTH INFORMATION!**

**Remember:**

* Always stop and ask yourself, should I be sharing this patient information?
* Think of patient information about fellow volunteers, neighbors, and acquaintances as protected information, not for sharing.
* We are always available if you have more questions about HIPAA. Don’t hesitate to ask!

**HELP us to keep the HIPAA awareness level high!**

You are now HIPAA Wise!! Please sign the form below to acknowledge this training.

**Wyo Hoofbeats, EAL
Non-Disclosure Statement**

As an employee, volunteer or contractor of Wyo Hoofbeats, EAL, you must safeguard all practice correspondent data or financial information; patient/employee records, including medical, dental, mental health, substance abuse and various types of confidential information from misuse.

AGREEMENT

1. I understand that I may come in contact with confidential information, including clinical, administrative and employee related, through written records, documents, ledgers, internal correspondence, verbal communications, computer programs and computer applications. Therefore, I agree NOT to divulge or disclose information to any person other than those employees or persons under agreement with Wyo Hoofbeats, EAL and need to know in the performance of their duties.
2. I agree that any confidential information I acquire will NOT be divulged or disclosed upon termination of my work with Wyo Hoofbeats, EAL.
3. I agree that I have completed the Volunteer HIPAA training and I am HIPAA Wise!

ACKNOWLEDGEMENT:

I HAVE BEEN INFORMED OF THE NON-DISCLOSURE/CONFIDENTIALITY AGREEMENT. I FULLY UNDERSTAND THAT FAILURE TO COMPLY WITH THIS POLICY MAY RESULT IN REPRIMAND, SUSPENSION OR TERMINATION OF MY EMPLOYMENT, VOLUNTEER OR CONTRACTUAL ROLE WITH Wyo Hoofbeats, EAL.

Print Name Date

Signature Date