



15 Hands & Hearts Inc
3380 N. Fleming Dr. Flagstaff, AZ 86004 928.310.0947
15handsandhearts@gmail.com

CONFIDENTIALITY STATEMENT

15 Hands & Hearts and its associates maintain the confidentiality of information collected during the referral and treatment process. All information is considered confidential. These activities involve sharing extremely sensitive and personal information between all involved with the provision of services. Information collected is used to develop a safe, individualized program to best benefit our patient in a therapeutic equine activity setting. During discussions related to individual patients for the purposes of review and evaluation, strict safeguards of confidentiality are maintained. I understand that Occupational, Physical and Speech Therapy with Hippotherapy and Equine Assisted Therapies are private treatment sessions. Personally, identifiable information will not be disclosed publicly without express prior consent of the patient or the patient's parent or guardian. I understand and agree to adhere to the basic rules outlined above. I will not share any written, verbal or media – based (photos, videos, film, recordings etc.) information about clients of 15 Hands & Hearts Inc. or their treatment sessions to third parties.

Signature

date

Print Name (circle one: Parent, guardian, caregiver, independent adult patient)



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MEDIA RELEASE

Media, Video, Film, & Photography Release

15 Hands & Hearts (15 H&H) may record and photograph sessions, images and/or voices for use by 15 H&H or its assignees for analysis to improve and document treatment, in research, educational, and promotional programs. I understand and agree that these audio, video, film and/or print images may be edited, duplicated, distributed with or without charge, reproduced, broadcast and/or reformatted in any form and manner without payment of fees, in perpetuity. (Omitting photo media release form will not exclude your services and if you prefer to opt out of pictures or media please cross out, initial and date this section.)

I authorize the use of media (photos, videos, film, voice) of myself/ my child while at 15 Hands & Hearts Inc. for the promotion of Hippotherapy and equine assisted therapies only. No individually identifiable protected health information will be shared electronically, in writing or verbally

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Signature:

Date

Print Name (circle one: Parent, guardian, caregiver, independent adult patient)