

Hooves to Heal, NFP
20604 Collins Rd., Marengo, Illinois, 60152
Patty Mozal ~ 847-293-6176

Confidentiality Policy Statement and Agreement

Hooves to Heal, NFP wishes to preserve the right of confidentiality for all our program clients, staff, and volunteers.

The staff shall keep confidential all participants' medical, social, referral, personal, and financial information. Anyone working, volunteering, or otherwise providing services for Hooves to Heal, NFP are bound by this policy. Other parties participating in or connected with the services provided by Hooves to Heal, NFP who could obtain such confidential information either accidentally or intentionally, are not bound by this policy and Hooves to Heal is not responsible for their compliance with this policy.

Participants and parents of participants agree to keep confidential all medical, social, referral, personal, and financial information learned about other participants through their or their child's activity with Hooves to Heal.

Only parent(s), legal representatives, or other defined by state law, have the authority to consent to disclosure of medical information for participants under age 18.

Disclosure of all other information to outside agencies or individuals can only be given with the specific consent of the participant, parent(s) for participants under age 18, or legal representative.

Confidentiality Statement

I acknowledge I have read, understand, and as a condition of my or my child's participation, my employment, or my volunteering, I agree to comply with the confidentiality policy of Hooves To Heal, NFP.

Signature: _____

Name: _____

Address: _____

Date: _____