



Kent Association of Riding Therapy, Inc.

P. O. Box 126

Worton, MD 21678

### CONFIDENTIALITY POLICY

1. Kent Association of Riding Therapy, Inc. shall preserve the right of confidentiality for all individuals in its program; participants, instructors, and volunteers.
2. The staff, instructors, board, volunteers and any others working with the program shall keep confidential all medical, social, referral, personal and financial information regarding a person and his/her family.
3. A rider may not be competent to give consent for disclosure of medical or sensitive information or both (including photographs and videotapes) because of age (under 18 years) or mental capacity. If this is the case only the parent(s) or legal representative or others defined by the State of Maryland have this authority.
4. Adult riders are presumed legally competent to give or deny consent unless they have been adjudicated incompetent to make this type of health care decision. If a substitute decision maker has been appointed, specific written consent from that individual is required.
5. Access to or disclosure of sensitive information should not be given to anyone without the rider's written consent. The only exception is perceived medical issues which may be communicated to a health care facility.
6. Disclosure of information to outside agencies is only done with written consent of the rider.
7. Breach of this confidentiality policy may result in loss of position/request to separate from KART.

### CONFIDENTIALITY POLICY AGREEMENT

I understand and will observe the confidentiality policy of Kent Association of Riding Therapy, Inc.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed by

\_\_\_\_\_  
Date