



# Participant Handbook

4701 N. Oak Street

Crystal Lake, IL 60012

815-788-1020 (Office) 815-788-1422 (Fax)

[www.dreamriderstlc.com](http://www.dreamriderstlc.com)



## Participant / Parent Handbook

Mailing Address: 4701. N. Oak Street  
Crystal Lake, IL 60012

Office Phone Number: (815) 788-1020

Fax Number: (815) 788-1422

E-mail: [info@dreamriderstlc.com](mailto:info@dreamriderstlc.com)

Website: [www.dreamriderstlc.com](http://www.dreamriderstlc.com)

### Programs Offered:

**Physical Therapy:** This program focuses on improving gross motor skills and reaching developmental milestones including but not limited to sitting, standing, crawling, walking, jumping and running. Physical therapy also helps children increase strength, flexibility, balance, endurance and coordination so that they can achieve their highest level of functional independence.

**Occupational Therapy:** This program helps children improve their ability to perform activities of daily living and self-help skills such as grooming, bathing, dressing and feeding so that they can fully participate in home, school and community activities. Occupational therapy works on developing fine motor coordination, handwriting, visual motor function, core and upper body strength and sensory processing and regulation.

**Speech Therapy:** This program works with children to improve comprehension and communication, both verbally and non-verbally. It focuses on the development of expressive and receptive language skills, articulation, fluency, social skills and oral motor strength.

**Traditional Riding Lessons:** Lessons are conducted by our experienced instructors in bareback, Western and English disciplines. Horsemanship is incorporated in each lesson. We have an indoor and outdoor arena for year round instruction.

**Adaptive/Assisted Riding Lessons:** These lessons are highly personalized for the purpose on contributing positively to the cognitive, physical, emotional and social well-being of individuals with special needs.



### **For all patients and participants**

- There may be a time when riding the horse is no longer an appropriate option. This could be based on, but is not limited to age, weight, height, behavior, medical condition and independent ability level. These limitations are set to ensure safety of all involved including the participant, the horse, and the staff and volunteers.

### **For all riding students**

- Lessons may begin as private lessons but eventually may be moved into semi-private lessons (two riders at the same time) or group lessons.
- Students will be paired up with an equivalent rider as decided by the instructor.
- Lessons will be discounted.

**These decisions are carefully and thoughtfully discussed by all managers at Dream Riders. The final determination of safety and ongoing participation with the horse is up to the discretion of managerial staff.**

### **Prior To Your First Visit:**

- All paperwork must be completed before the first lesson/therapy evaluation.
- Please keep a copy of your paperwork.

### **When You Arrive:**

- Please check in at the office when you arrive, even if you do not have arena time scheduled.
- Please arrive a few minutes early. Every effort is made to start lessons/sessions on time. Lesson/session time includes pre and post mounted activities.
- Fees are due prior to each lesson/therapy session and must be arranged prior to the start of each lesson/therapy session.

### **While on the Property:**

- Parents/ caregivers are to remain on the premises during lessons and/or therapy sessions. Parents/ caregivers will be solely responsible for their rider before and after lessons and/or therapy sessions.
- After check in please wait in the participant waiting area located in the arena. A Dream Riders staff member will greet you in the waiting area to begin your lesson and/or session.
- All children not riding must be supervised by an adult at all times.



- Please keep the guidance given to riders in alignment with the therapeutic riding instructor's directions.
- There is no smoking on the property.
- No guns, knives weapons or violence of any kind are allowed on the Dream Riders premises. This is a zero tolerance rule. Violators will be asked to leave and not allowed to return.
- No dogs are allowed on the property. (Service animals are welcome.)

### **Payment Information & Insurance (For Therapy Services):**

- Insurance payments are ordinarily received within 30-60 days from the time of filing a claim. If your insurance company has not made a payment within 60 days, we will ask that you contact your insurance company to make sure payment is expected.
- We will cooperate fully with the regulations and requests of your insurance company that may assist in the claim being paid. Our office will not, however, enter into a dispute with your insurance company over any claim.
- Minors accompanied by the parent or legal guardian: The parent or legal guardian accompanying a minor, who has consented to treatment, is responsible for full payment at the time of service.
- Regarding missed appointment(s) and cancellations: Our goal is to provide the best services to our participants. Therefore, we require at least a 24 hour notice for cancellations, or for re-scheduling your appointments.

**If you need to cancel a lesson / session please call the office at (815)788-1020. If Dream Riders needs to cancel every effort will be made to re-schedule the lesson / session at the convenience of the participant. We reserve the right to assess a fee for multiple missed, short notices or no show/no call appointments. Multiple failed appointments may result in being dismissed from our program.**



## **For Your Safety:**

### **Dress:**

All participants are required to wear an ASTM-SEI helmet to ride; or an alternate therapeutic helmet if appropriate, selected by the therapist. There are some available on-site, **bike helmets will not be allowed.** If the participant owns a helmet, it must be approved at the beginning of the session by a Dream Riders staff. If you wish to purchase your own helmet, your instructor can provide information on where to purchase one. A helmet must be worn at all times during the lesson or therapy session.

Participants are required to wear long pants/breeches for all riding lessons. Lesson participants will not be permitted to ride in shorts. Closed toe shoes or boots with a low heel are mandatory for all mounted activities. No sandals or ballet flats are allowed in the barn or arena. Parents and siblings wearing sandals or ballet flats are allowed in the viewing room area and therapy center only.

**All riders must wear shoes. No one will be allowed to ride or be around the horses if they are barefoot, in ballet flats or in sandals.**

Please dress for the weather.

### **Summer:**

Lessons: Avoid pants that can be converted into shorts. The seam is very irritating and makes it difficult for the participant to grip with the legs. No spaghetti strap tank-tops, shorts, skirts, sandals, halter tops, shortened tops and clothing too loose to maintain safety in the riding environment will be allowed.

Sunscreen and bug spray are a good idea.

Therapy: Please wear clothing that is comfortable and allows for stretching and maximum range of motion. Skirts and dresses are not ideal for the positions the rider may be in while on the horse.

### **Winter:**

Please wear gloves. A headband will fit comfortably under the helmet and provide warmth. Bulky hats that do not fit under the helmets will be removed. Avoid nylon pants as they are very slippery and make it difficult to maintain a participant's position on the horse.



### **General Safety:**

- For training and safety purposes we ask that volunteers and participants NEVER HAND FEED THE HORSES.
- Only the rider and staff/volunteers are allowed in the arena, unless parent or health care professional presence is requested by a staff member.
- Participants/visitors must be accompanied by a staff member or volunteer to enter the stall area.
- Hitting or kicking of horses is NEVER allowed and will result in dismissal from the program.
- Please do not climb or lean on any fences, gates or doors.
- In order to ensure the safest riding conditions we ask that children and visitors refrain from screaming, running, or ball playing on the premises. (Unless under the direction of a therapist.)

### **Falls From Horses:**

The instructor is in charge of the situation. Horse handlers will halt all horses and will supervise their participant. The instructor will determine the immediate needs of the fallen participant and act accordingly such as call 911, provide first aid, remount, or whatever is appropriate.

### **Weather:**

Dream Riders reserves the right to cancel or shorten lessons /sessions due to weather conditions. Every effort will be made to contact participants in a timely manner if lessons /sessions are cancelled. Please call the office if you are unsure.

### **Cold:**

Dream Riders does have a heated arena, however, it is only heated to 40 degrees when necessary. In situations of extreme cold the facility may be closed and all sessions cancelled. In other instances, the arena may be closed and the therapy center will still open.

### **Heat:**

Dream Riders will cancel lessons/sessions when the temperature reaches dangerous levels for either the participants or the horses. Dream Riders reserves the rights to cancel if the temperature or humidity is believed to be too much for the participants, horses, staff and volunteers.

### **Storms:**

Thunder, high winds, rain, or hail may abruptly end a session or postpone the beginning of a session until the storm has passed.



## **Sick Participant Policy:**

In an effort to ensure a healthy environment at Dream Riders, please call the office at **(815) 788-1020** as soon as possible to reschedule your reserved appointment time if you or your child exhibits any of the following symptoms:

- 1. Too sick to attend work or school.**
- 2. Fever or vomiting. You or your child must be symptom free for 24 hours prior to the scheduled appointment time.**
- 3. Green or yellow discharge from the nose.**
- 4. Display of any other symptom in accordance with health department regulations.**

**If you/your child attend a session and display symptoms of sickness we reserve the right to halt treatment/ lessons without a refund.**



## **Participant Appointment & Financial Policy:**

Thank you for choosing to participate in the Dream Riders program. We are committed to providing you with the highest quality services.

**Please note:** Payment is due at the time service is provided unless other arrangements are made in advance. Our office accepts cash, personal checks, MasterCard, Visa, Discover and American Express.

**Please note:** Additional fees will be applied for returned checks. All account balances over 90 days are subject to a \$35.00 late fee.

### **Regarding Insurance (Therapy Services Only):**

- As a courtesy to you, we will help you process all of your insurance claims if applicable. Please understand that we will provide an insurance estimate to you; however, it is not a guarantee that your insurance will pay exactly as estimated. Insurance coverage is subject to limitations, exclusions, waiting periods, frequency, age restrictions, deductibles, service limits and maximums which are your responsibility. Please contact your insurance company for details on your benefits. Your insurance company and your plan benefits ultimately determine the amount paid. We will do all we can to ensure your estimate is as accurate as possible. Your estimated insurance benefit may differ due to a number of reasons, specifically related to your plan.
- All charges you incur are your responsibility, regardless of your insurance coverage. We must emphasize that as the billing entity, our relationship is with you, our patient, not with your insurance company. Your insurance policy is a contract between you and your insurance company. Our office is not a party to that contract.
- Our program is committed to providing the best treatment for our participants and we charge what is usual and customary for our area unless otherwise negotiated. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.
- We ask that you pay the deductible, co-payment and co-insurance, which is the estimated amount not covered by your insurance company, by cash, check, MasterCard, Visa, Discover or American Express at the time we provide the service to you.





## **Dismissal Policy:**

### PATH International Standards

Dream Riders values the safety and the quality of the riding experience for each participant and their visitors. The following guidelines have been established to insure all participants, guests, volunteers, horses and employees are treated with care and consideration for their safety. The program staff, on behalf of Dream Riders, reserves the right to be the sole authority in determining a participant's appropriateness for the program. All participants will be given one warning with the exception of violations that endanger the health or welfare of our participants, volunteers, visitors, staff or horses. Each participant will be given individual consideration. The following list is intended to give you notice of reasons for participant dismissal. However, it does not include every type of unacceptable behavior or event that can or will result in a participant's dismissal from the Dream Riders program. Dream Riders reserves the right to dismiss any participant as it sees fit in its sole and absolute discretion.

- Any participant who has achieved a level of skill which is appropriate for integration into a regular riding program will be assisted by the instructor, to be transitioned into a traditional or adaptive riding lesson which will meet their needs.
- Any participant who has a significant change in medical status which negates their appropriateness for the program.
- Participants who exhibit or possess any of the contraindications specifically listed in the current edition of the PATH International Standards Manual Chapter on Precautions and Contraindication to Therapeutic riding may not be accepted for riding.
- Riding causes a decrease in the participant's physical or psychological functioning.
- Participants who exhibit inappropriate or uncontrollable behavior, which places the participants, volunteers, staff, spectators or horses in an unsafe situation will be asked to leave the premises and may be asked to withdraw from the program.
- Participants who exceed the prescribed weight guidelines may at the discretion of Dream Riders be dismissed. A participant who is not able to sit astride a moving horse will be evaluated on an individual basis for participation.
- Participants who are able to sit astride a moving horse and whose weight exceeds 175 pounds will be evaluated on an individual basis for participation.
- Dream Riders cannot provide an appropriate mount, volunteers or equipment to meet the participant's needs.
- Failure to comply with payment schedules or subsequent payment schedules will be requested to withdraw from the program.
- Participants who have multiple unexcused absences may be asked to withdraw from the program.
- Participants who wear any of the following prohibited clothing will not be allowed to ride that day. Repeated offenses may jeopardize their riding slot: shorts, skirts, sandals, halter tops, shortened tops, and clothing too loose to maintain safety in the barn/riding environment.
- Visitors, spectators or family members who do not conduct themselves in a manner appropriate to the facility will be asked to exit the premises and may jeopardize the riding experience for their participant.



**Emergency Procedures:**

Emergency, Medical, Fire, Police.....	911
Poison Control Center.....	(800)222-1222
Crystal Lake Police Non-Emergency.....	(815)459-2020
Crystal Lake Fire Protection District Non-Emergency.....	(815)459-2020

**If You See Smoke or Fire Within or Coming From Any of the Buildings:**

- 1) Call or have a staff member call 911. Give them the address and phone number as shown on the bottom of this paper.
- 2) Notify a staff member.
- 3) Evacuate the building from which smoke/fire is coming if necessary and possible.

**In Case of a Medical Emergency:**

- 1) Call or have a staff member call 911.
- 2) Notify a senior staff member who will notify injured/ill party's relations.
- 3) In the event of a possible injury to neck or back, move the person only if they are in immediate danger where they are. Stabilize the neck and back as best as possible prior to moving. Do not move if possible.
- 4) Stabilize the injured person using appropriate first aid procedures and make them as comfortable as possible.
- 5) Stay with the person until help arrives.
- 6) File a written report with the administrator or director as soon as possible.

**Tornado / Severe Storm:**

- 1) Staff members are responsible to account for patients and patient's families and direct them in the emergency procedures. Take a head count of everyone within the building.
- 2) If time allows, make your way quickly and carefully to either the basement of the house or the lower barn (entrance is on the west side of the barn). Staff should give assistance to those with special needs. Repeat the head count once you are in the sheltered location.
- 3) If there is insufficient time or weather conditions (hail, blinding rain, etc.) make it unsafe to leave the building you are in, go to an interior room without windows if possible, and lay flat on the floor until the storm has passed.
- 4) Stay away from window or other objects that could become dangerous debris in the high winds. Stay away from the power lines that could fall during the storm.



**Address for Emergency Personnel: 4701 N. Oak Street, Crystal Lake, IL 60012**

## **HIPAA Notice of Privacy Practices**

**This notice describes how medial information about you may be used and disclosed and how you can get access to this information. Please review carefully.**

Our Obligations: We are required by law to:

- Maintain privacy of the protected health information
- Give you this notice of our legal duties and privacy practices regarding health information about you
- Follow the terms of our notice that is currently in effect

How we may use and disclose health information: The following describes the ways we may use and disclose health information that identifies you (“Health Information”). Except for the purposes described below, we will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to our Administrative Department.

**For treatment:** We may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose Health Information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved with your medical care and need the information to provide you with medical care.

**For Payment:** We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may give your health plan information about you so that they will pay for your treatment.

**For Health Care Options:** We may use and disclose Health Information for the health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may use and disclose information to make sure that the therapy you receive is of the highest quality. We also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

**Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services:** We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We may also use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.



**Individuals Involved in Your Care or Payment for Your Care:** When appropriate, we may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or close friend. We may also notify you family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

**Research:** Under certain circumstances, we may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before we use or disclose Health Information, for research the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.

**Special Situations:**

**As Required by Law:** We will disclose Health Information when required to do so by international, federal, state or local law.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

**Business Associates:** We may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

**Military and Veterans:** If you are a member of the armed forces, we may release Health Information as required by military command authorities. We may also release Health Information to the appropriate foreign military authority if you are a member of a foreign military.

**Public Health Risks:** We may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.



**Health Oversight Activities:** We may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Data Breach Notification Purposes:** We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access or to disclosure of your health information.

**Law Enforcement:** We may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Uses And Disclosures That Require Us To Give You An Opportunity To Object And Opt:

**Individuals Involved in Your Care or Payment for Your Care:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgement.

**Disaster Relief:** We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

Your Written Authorization Is Required For Other Uses And Disclosures:

The following uses and disclosures of your Protected Health Information will be made only with your written authorization: 1. Uses and disclosures of Protected Health Information for marketing purposes; and 2. Disclosures that constitute a sale of your Protected Health Information.

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Administration Department and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.



## Your Rights:

**Right to Inspect and Copy:** You have the right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing, to **Dream Riders, 4701 N. Oak Street, Crystal Lake, IL 60012**. We have up to 30 days to make your Protected Health Information available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed health care professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

**Right to an Electronic Copy of Electronic Medical Records:** If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health care record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. We will make every effort to provide access to your Protected Health Information in the form or format your request; if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request your record will be provided in either our standard electronic format or if you do not want this form or format, a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

**Right to Get Notice of Breach:** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

**Right to Amend:** If you feel the Health Information we have is incorrect or incomplete, you may ask us to amend the information. You have the right to request, in writing, to **Dream Riders, 4701 N. Oak Street, Crystal Lake, IL 60012**.

**Right to an Accounting of Disclosures:** You have the right to request a list of certain disclosures we made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your, in writing, to **Dream Riders, 4701 N. Oak Street, Crystal Lake, IL 60012**.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in



writing, to **Dream Riders, 4701 N. Oak Street, Crystal Lake, IL 60012**. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us “out-of-pocket” in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

**Out-Of-Pocket Payments:** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to **Dream Riders, 4701 N. Oak Street, Crystal Lake, IL 60012**. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

**Right to a Paper Copy of This Notice:** You have a right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice from our Administration Department, located at the reception window. To obtain a paper copy of this notice, you must make your request, in writing, to **Dream Riders, 4701 N. Oak Street, Crystal Lake, IL 60012**.

**Changes to This Notice:** We reserve the right to change this notice and make the new notice apply to Health Information we already have as well as any information we receive in the future. We will post a copy of our current notice at our office. The notice will contain the effective date on the first page, in the top right hand corner.

**Complaints:** If you believe your privacy rights have been violated, you may file a complaint with our office or the head of the Administration Department. To file a complaint with our office, contact the Administrative Department. All complaints must be made in writing. You will not be penalized for filing a complaint.