

CONFIDENTIALITY AGREEMENT

I, _____, agree to conform to the confidentiality standards set by Throwaway Ponies regarding the confidentiality of riders in the riding/therapy program(s) provided by Throwaway Ponies and/or Karen Bander, RN.

An incident, personal information or personal history of riders or spectators, either private, with a counselor, from a shelter or any other person, is confidential information. No identifying information may be used in conversation where any uninvolved party may overhear or become privy to this information.

Volunteers may discuss their work in generalities, but nothing to identify the clients/riders may be disclosed to anyone other than those working directly with the riders unless it is to a healthcare provider in case of emergency, law enforcement or Child Protective Services when necessary.

Signed: _____ Date _____

Printed Name: _____