



Monica Wu MS OTR/L, HPCS
(339) 206-0110
Reinbowtherapy@yahoo.com



Windrush Farm Programs Department
(978) 682-7855
programs@windrushfarm.org

REINBOW THERAPY AT WINDRUSH FARM

Dear R.E.I.N.B.O.W. family,

Welcome to R.E.I.N.B.O.W. Therapy at Windrush Farm. My name is Monica Wu and I own and founded Rainbow Therapy in 2007. I received my Masters of Science in Occupational Therapy from Columbia University in 1990 and have been practicing mainly in pediatrics with adult experience. I am also an American Hippotherapy Association (AHA) Hippotherapy Professional Clinical Specialist (HPCS), a PATH International (PATH intn'l) certified therapeutic riding instructor and therapist as well as a registered Massachusetts riding instructor. I have had a love for horses since I was 3 years old and developed a love for working with children and adults with differently abled abilities. Occupational Therapy using hippotherapy as one of the treatment strategies in an overall plan of care is the perfect way to bring my two passions together. Away from the barn, I am a mother of 4 children and the "head zoo keeper" of 1 horse, 1 therapy pony, 2 therapy miniature horses, 2 dogs, and lots of fish. My husband and I refer to our family as the "Wu Zoo".

Enclosed you will find more information which includes; the release of information, waiver/liability form, fees and policies. Please read the information carefully and complete the registration packet and returned to me before an evaluation can be scheduled at Windrush Farm. Please contact me with any questions.

Welcome to R.E.I.N.B.O.W. Therapy, LLC at Windrush Farm!

Sincerely,

Monica Wu MS, OTR/L, HPCS
(339) 206-0110
Reinbowtherapy@yahoo.com



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Client Information

Thank you for completing this entire form, as it assists us with demographic information for our grant writing efforts.

Title _____ First Name _____ Last Name _____

Preferred Phone _____ Date of Birth _____

E-mail Address _____

Street _____ City _____ State _____ Zip _____

Place of employment or school _____ Phone _____

Street _____ City _____ State _____ Zip _____

Gender: Male Female Prefer to self-describe _____

Ethnicity: Asian African American/Black Caucasian Hispanic/Latino
 Hawaiian or Pacific Islander American Indian or Alaskan Native
 I choose not to answer

Current Marital Status: Single Married Separated Divorced Widowed

Name of Spouse (if applicable) _____

I am a current client (please indicate start date: _____)

I am a new client:

How did you hear about this program?

Website Ad Social Media Client/Referral

Other _____

If referred, please list source and date _____



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Please complete if client is under 18 years of age:

Legal Guardian 1:

Title _____ First Name _____ Last Name _____

E-mail Address _____ Preferred Phone _____

Address is same as client. If not, please complete:

Street _____ City _____ State _____ Zip _____

Gender: Male Female Prefer to self-describe _____

Current Marital Status: Single Married Separated Divorced Widowed

Name of Spouse (if applicable) _____

Employment _____ Phone _____

Street _____ City _____ State _____ Zip _____

Legal Guardian 2:

Title _____ First Name _____ Last Name _____

E-mail Address _____ Preferred Phone _____

Address is same as client. If not, please complete:

Street _____ City _____ State _____ Zip _____

Gender: Male Female Prefer to self-describe _____

Current Marital Status: Single Married Separated Divorced Widowed

Name of Spouse (if applicable) _____

Employment _____ Phone _____

Street _____ City _____ State _____ Zip _____



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Health History

Diagnosis: _____

Date of Onset _____

Please indicate current or past areas of concern:

	Y	N	Comments
Vision	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sensation	<input type="checkbox"/>	<input type="checkbox"/>	_____
Communication	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart	<input type="checkbox"/>	<input type="checkbox"/>	_____
Breathing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Digestion	<input type="checkbox"/>	<input type="checkbox"/>	_____
Elimination	<input type="checkbox"/>	<input type="checkbox"/>	_____
Circulation	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emotional/Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	_____
Behavioral	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pain	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bone/Joint	<input type="checkbox"/>	<input type="checkbox"/>	_____
Muscular	<input type="checkbox"/>	<input type="checkbox"/>	_____
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____

Other Health Issues: Please list any health issues not addressed above that you feel staff should be aware of.

Medications: Please list prescriptions and over-the-counter medication(s): name, dose, and frequency.

Physical Function: Describe your potential difficulties when mounting/dismounting and riding a horse.

Cognitive/Learning Skills (i.e. Learning disabilities, communication aids or tools)

To the best of my knowledge, the above information is up to date and accurate.

Date _____ Client Signature _____
Parent/Legal Guardian's Signature if client is under 18 or under legal guardianship



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Client Authorization for Emergency Medical Treatment

Client Info:

Date of Birth _____
 First Name _____ Last Name _____
 Preferred Phone _____ E-mail _____
 Street _____ City _____ State _____ Zip _____

In the event of an emergency, contact:

Name _____ Phone _____ Relationship _____
 Name _____ Phone _____ Relationship _____
 Physician's Name _____ Phone _____
 Preferred Medical Facility _____
 Health Insurance Co _____ Policy # _____
 Allergies to Medications _____
 Current Medications _____

Please state any information that you want supplied to a medical professional treating you in an emergency:

Consent Plan

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the premises operated by Windrush Farm Therapeutic Equitation, Inc., I authorize Windrush Farm Therapeutic Equitation, Inc. to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person below is unable to be reached.

Date _____ Consent Client Signature _____
Parent/Legal Guardian's Signature if client is under 18 or under legal guardianship

OR Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of Windrush Farm Therapeutic Equitation, Inc. Must check one of the following:

- A legal guardian will remain on site at all times during equine assisted activities.
- In the event emergency treatment/aid is required, I wish the following procedures to take place:

Date _____ Non-Consent Client Signature _____
Parent/Legal Guardian's Signature if client is under 18 or under legal guardianship

WARNING: UNDER MASSACHUSETTS LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF A CLIENT IN EQUINE ACTIVITIES RESULTING FROM THE RISKS OF EQUINE ACTIVITIES, PURSUANT TO CHAPTER 128-SECTION 2D OF THE GENERAL LAW.



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Windrush Farm Can Accept - THIS FORM ONLY
Windrush Farm cannot accept a physician's form or any sports related release forms

Client's Medical History & Physician's Statement – For Therapeutic Clients

Name _____
 Date of Birth _____ Height _____ Weight _____
 Address _____
 Diagnosis _____ Date of Onset _____
 Past/Prospective Surgeries _____
 Medications _____
 Seizure Type _____ Controlled? Y N Date of Last Seizure _____
 Shunt Present? Y N Date of last revision _____ Tetanus Shot? Y N
 Special Precautions/Needs: _____
 Mobility (check all that apply) Independent Ambulation Assisted Ambulation Wheelchair
 Braces/Assistive Devices _____

For Clients with Down Syndrome

AtlantoDens Interval X-rays: Date _____ Result? Positive Negative
 Neurologic Symptoms of AtlantoAxial Instability

Please indicate current and past concerns in the following areas, including surgeries:

Areas	Y	N	Comments
Auditory			
Visual			
Speech			
Cardiac			
Circulatory			
Pulmonary			
Neurological			
Muscular			
Orthopedic			
Allergies			
Learning Disability			
Mental Impairment			
Psychological Impairment			
Other			

Given the above diagnosis and medical information, this person is not medically precluded from participation in equine assisted activities I understand that the PATH Intl. center will weigh the medical information given against the existing precautions and contraindications Therefore, I refer this person to the PATH Intl. Center for ongoing evaluation to determine eligibility for participation.

Name/Title (Please print) _____ MD DO NP PA Other _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ License/UPIN Number _____
Physician's Signature _____ Date _____ *Valid Only if Dated*

Please see next page for possible precautions and contraindications



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Information for Physician

The following conditions, if present, may represent precautions or contradictions to equine assisted activities. Please note whether any of these conditions are present and to what degree. If you have any questions or concerns regarding this patient's participation in equine assisted activities, please feel free to contact us at 978.682.7855.

Orthopedic

Spinal Joint Fusion/Fixation
Spinal Joint Instabilities/Abnormalities
Atlantoaxial Instabilities – including
neurologic symptoms
Scoliosis
Kyphosis
Joint Subluxation/Dislocation
Osteoporosis
Pathologic Fractures
Coxas Arthrosis
Heterotopic Ossification/Myositis Ossificans
Osteogenesis Imperfecta
Cranial Deficits
Spinal Orthoses
Internal Spinal Stabilization Devices

Medical

Allergies
Cancer
Poor Endurance
Recent Surgery
Diabetes
Peripheral Vascular Disease
Varicose Veins
Hemophilia
Cardiac Conditions
Stroke (Cerebrovascular Accident)
Exacerbations of medical conditions i.e. RA,
MS
Medical Instability
Migraines
Respiratory Compromise
Substance Abuse

Neurologic

Hydrocephalus/shunt
Spina Bifida
Tethered Cord
Chiari II Malformation
Hydromyelia
Seizure Disorders
Paralysis due to Spinal Cord Injury

Psychological

Animal Abuse
Physical/Sexual/Emotional Abuse
Fire Setting
Danger to Self or Others
Thought/Weight Control Disorders

Secondary Concerns

Behavior Problems
Under Four Years of Age
Poor Endurance
Acute Exacerbation of Chronic
Disorder
Indwelling Catheters/Medical
Equipment
Skin Breakdown
Medications – i.e. photosensitivity



Consent for Treatment/Release of Liability/Photo Release

Monica Wu, MS OTR/L, HPCS

(339)206-0110

I, _____ legal guardian of _____ request and consent to treatment which includes hippotherapy and I have discussed this with my child's physician. Although every effort will be made to avoid accident or injury, I understand that no liability can be accepted by R.E.I.N.B.O.W. Therapy, LLC and Windrush Farm Therapeutic Equitation, Inc. in North Andover, Massachusetts, its employees, each and every one of its members, and the property owner upon whose land the hippotherapy sessions are conducted.

I also understand that all forms must be completed and submitted by the parent/legal guardian prior to participating in OT or PT incorporating hippotherapy as one of the treatment strategies in a comprehensive plan of care.

I understand and acknowledge the inherent risks involved with equines and have read the ****Massachusetts State Law **** for involvement with Equines which is posted at Windrush Farm.

**** WARNING****

Under Massachusetts law, an equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risk of equine activities, pursuant to section 2D of chapter 128 of the General Laws.

I **GIVE** or **DENY** permission (**PLEASE CIRCLE ONE**) that my child may be photographed or videotaped to have on file for public relations, educational purposes, and/or research needs.

Date: _____

*Parent/legal guardian's signature: _____

*Parent/legal guardian's signature: _____

ALL parent/legal guardian signatures are required



NOTICE OF PRIVACY PRACTICES FOR R.E.I.N.B.O.W. THERAPY, LLC

This notice describes how health information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

The privacy of your health information is important to R.E.I.N.B.O.W. Therapy, LLC.

OUR LEGAL DUTY

We (R.E.I.N.B.O.W. Therapy, LLC) are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect on March 9, 2007, and will remain in effect until R.E.I.N.B.O.W. Therapy, LLC replaces it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new notice available upon request.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of the Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations.

TREATMENT: We may use or disclose your health information to a physician, or other healthcare provider providing treatment to you.

PAYMENT: We may use and disclose your health information to obtain payment for services provided by R.E.I.N.B.O.W. Therapy, LLC.

HEALTHCARE OPERATIONS: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluation practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

YOUR AUTHORIZATION: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization we cannot use or disclose your health information for any reason except those described in this Notice.

TO YOUR FAMILY and FRIENDS: We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for you healthcare, but only if you agree that we may do so.

PERSONS INVOLVED IN CARE: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.

MARKETING HEALTH-RELATED SERVICES: We will not use your health information for marketing communications without your written authorization.

REQUIRED BY LAW: We may use or disclose your health information when we are required to do so by law.

ABUSE or NEGLECT: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

NATIONAL SECURITY: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorize federal officials health information required for lawful intelligence, counter intelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

APPOINTMENT REMINDERS: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, or letters).

PATIENT RIGHTS

ACCESS: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using contact information listed at the end of this Notice.

DISCLOSING ACCOUNTING: You have the right to receive a list of instances in which we disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities.

RESTRICTION: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in emergency).

ALTERNATIVE COMMUNICATION: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

AMMENDMENT: You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

ELECTRONIC NOTICE: If you receive this Notice by electronic mail, you are entitled to receive this Notice in written form.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree we made about access to your health information or in response to a request you made to amend or restrict the use of disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the W.S. Department of Health and Human Services.

Contact individual: Monica Wu, MS OTR/L, HPCS

Telephone: (339) 206-0110

E-Mail: Rainbowtherapy@yahoo.com

Address: 12 Solomon Pierce Road
Lexington, MA. 02420

I have read the privacy practices for R.E.I.N.B.O.W. Therapy,LLC

Signature: _____ Date: _____



PATIENT CONSENT FOR RELEASE OF INFORMATION

I hereby authorize the clinician's listed below to release information from the records of:

_____ Date of birth: _____

Client's name

The information is to be release to: Monica Wu MSORT/L for the purpose of developing a hippotherapy program for the above named patient. The information requested is marked below.

_____ Medical History

_____ Physical Therapy evaluation, assessment and program plan

_____ Occupational Therapy evaluation, assessment and program plan

_____ Speech Therapy evaluation, assessment and program plan

_____ Classroom Individualize Education Plan (I.E.P.)

_____ Psychosocial Evaluation, assessment and program plan

_____ Cognitive-Behavioral Management Plan

_____ Other: _____

Date: _____ Signature: _____

Parent/legal guardian

Please have materials sent to: Rainbow Therapy
Attention: Monica Wu MS OTR/L, HPCS
12 Solomon Pierce Road
Lexington, MA.02420

**For the items marked above, please list contact information of current physician/treating clinicians including address/phone/fax/and/or e-mail.

Clinician Name/Profession

Contact Information

- 1.
- 2.
- 3.
- 4.
- 5.



Reinbow Therapy's Fees & Policies At Windrush Farm

Services:

Occupational Therapy or Physical Therapy incorporating Hippotherapy as a treatment strategy

Hippotherapy is one of the treatment strategies that can be utilized by a registered and licensed occupational therapist and Hippotherapy Professional Clinical Specialist (HPCS) to provide Occupational or Physical Therapy. When available, Reinbow Therapy contracts with a licensed physical therapist (LPT) who is American Hippotherapy Association trained in hippotherapy, level I and II.

Treatment consists of a 45-minute private 1:1 occupational or physical therapy incorporating hippotherapy as a treatment strategy into therapy sessions. Progress notes are written weekly and treatment plans and goals are updated on an on going basis. Clients will be re-evaluated every 6 months and goals updated accordingly.

If possible, please bring copies of any therapy evaluations, IEPs, IFSP, or any medical reports. This is beneficial in coordinating OT or PT goals with you and your child.

All clients are required to sign a waiver/liability form, photo release (give or deny), and an emergency release annually. In addition all clients must present a physician's clearance, prescription for OT or PT if necessary for insurance reimbursement, and a medical history prior to an evaluation and beginning therapy.

Occupational or Physical Therapy Evaluation to determine whether using Hippotherapy is an appropriate treatment strategy

All new clients are required to complete an Occupational or Physical Therapy Evaluation with the Occupational or Physical Therapist and Windrush personnel to determine appropriateness of receiving hippotherapy as a treatment strategy. The evaluation will be delivered both on and off the horse. If OT or PT incorporating hippotherapy as a treatment strategy is appropriate then a treatment plan and goals will be determined by the therapist and shared with the parents.

Fees:

Reinbow Therapy has two semesters: Spring (April-June) and Fall (September-Dec) and are generally 10-12 weeks. Semester dates are determined and the fee is determined based on the number of sessions.

An Occupational Therapy or Physical Therapy Evaluation fee is \$150 paid directly to Reinbow Therapy, LLC and a horse/ring fee of \$55 paid directly to Windrush Farm the day of the evaluation.

Each 45-minute Occupational or Physical therapy session using hippotherapy as a treatment strategy is \$110. The horse/ring fee is \$55 per 45-minute session. Both Reinbow Therapy, LLC and Windrush require full payment of the Spring or Fall semester prior to receiving treatments.

For example, if the Fall semester is 12 weeks, the cost will be \$1320 to Reinbow Therapy and \$660 to Windrush Farm, for a total of \$1980. If you are submitting for insurance or medical flexible spending, please note that only \$110 treatment fee can be submitted and not the \$55 horse/ring fee.

The full semester fee for both Reinbow Therapy, LLC and Windrush Farm is due prior to beginning therapy. There is NO ability to have any make-up sessions during the semester so please plan accordingly for any appointments. This is a full commitment to OT or PT using hippotherapy as treatment strategy.

Reinbow Therapy, LLC follows Windrush's inclement weather cancellation policies.

An invoice will be sent directly from Windrush Farm with payment options for the horse/ring fee.

Checks for the therapy portion should be made out to:

R.E.I.N.B.O.W. Therapy, LLC and sent to:

**Reinbow Therapy, LLC
12 Solomon Pierce Road
Lexington, Ma. 02420**

How to Get Started:

The procedure for receiving OT or PT using hippotherapy as a treatment strategy through Reinbow Therapy at Windrush Farm is as follows:

*Go to Windrushfarm.org and download the hippotherapy registration packet.

*Once the registration packet is returned either faxed to Windrush Farm at (888) 642-4907 or sent directly to Reinbow Therapy, LLC at the above address and complete, an evaluation date will be determined depending on availability or you can opt to be placed on the waiting list. Your ability to be flexible with your time availability will decrease your wait. For example, if you are only free from 3-4:00 you may have to wait longer than someone with more flexibility.

*Once there is an opening within your time availability, you will be invited for an evaluation. The evaluation fee is \$150 is due at the time of service to Rainbow Therapy, LLC and \$55 to Windrush Farm for the horse/ring fee.

*After the evaluation (and input from you), a determination will be made by the therapist and the Windrush Program Director as to whether Hippotherapy as a treatment strategy at Windrush Farm is appropriate. Multiple factors are taken into consideration with this decision.

For example:

1. Will the three-dimensional movement of the horse be an effective treatment strategy in helping you or your child achieve functional goals?
2. Does Windrush Farm have a pony/horse whose movement will provide appropriate input for you or your child with his/her needs to address specific therapy goals?
3. Do the goals for participation in using hippotherapy as a treatment strategy will be able to address goals in the areas directly related to occupational or physical therapy? Or are the goals to learn how to ride with adaptations? If OT or PT goals are indicated then OT or PT using hippotherapy as a treatment strategy may be appropriate. If learning adaptive riding/ horsemanship skills as a recreational/leisure/sport program to promote overall wellness in mind and body is the goal then participation in a Therapeutic Riding (Adaptive riding) program may be appropriate. A full evaluation by either the occupational or physical therapist will determine the needs and recommendations will be made accordingly in conjunction with Windrush Farm staff.

If OT or PT using hippotherapy as one of the treatment strategies is determined to be appropriate after the evaluation. Once confirmed, a day and time will be secured for the specific semester. Full payment for both the horse/ring fee and treatment is expected prior to beginning the semester. Therapy services may be terminated if deemed necessary at the discretion of the therapist and Windrush Farm.

If you have additional questions please contact Monica Wu, MS OTR/L, HPCS at Rainbowtherapy@yahoo.com or (339) 206-0110 OR Windrush Farm at (978) 682-7855.

Payment Schedule:

Payment of \$150 for the evaluation to Rainbow Therapy, LLC and \$55 to Windrush Farm for the horse/ring fee is due the day of the evaluation.

Semester payment is **due in full** before the beginning of each semester (Spring, Fall). If a session needs to be cancelled by Rainbow Therapy, you will be reimbursed for the therapy portion only. Windrush Farm requires full payment for horse/ring use and does not reimburse unless something is directly related with their horses or farm or medically related. Please see Windrush's inclement weather policy for cancellations and refunds. For closings or delays, Windrush follows the North Andover school system. Refunds by both Rainbow Therapy and Windrush Farm will only be offered for a client cancellation due to a serious (i.e. not common cold/flu) medical condition accompanied by a doctor's note.

Reinbow Client Cancellations:

Once you sign up for a slot, you are **obligated for the semester fee and semester horse/ring fee**, regardless of your reason for any cancellation. If you must cancel a session, please inform Reinbow Therapy and Windrush Farm as early as possible so that unpaid volunteers can be spared the trip and staff can reschedule horses.

For cancellations, please email Reinbowtherapy@yahoo.com at least 24 hours before the session or if last minute (day of session) please call or text Monica at (339) 206-0110. It is best to contact Monica and not Windrush Farm especially if it is last minute.

Insurance Reimbursement:

Reinbow Therapy is not a network provider for any insurance companies. If you are interested in seeking insurance reimbursement, please contact your health insurance company to find out if:

“individual 1:1 occupational therapy or physical therapy using hippotherapy as a treatment strategy is a covered service and if you can submit for reimbursement”.

Also, inquire whether there are **any exclusions**, and if hippotherapy is not an exclusion, ask for a hard copy for your records. A physician’s prescription may be required.

Reinbow Therapy can help you submit a claim for your reimbursement by providing an invoice with the proper CPT codes and diagnosis code (determined by the Dr.). **It is your responsibility to submit for reimbursement.**

Miscellaneous Notes:

- Riding helmets (ASTM-SEI certified) are required and will be provided. However, if an appropriately fitting helmet is unavailable, you must purchase one.
- Please have your child wear appropriate clothing and **closed toed shoes only!**
- Please no raincoats, ponchos or loose clothing.
- For long hair, rubber bands are preferred; please no hair clips.
- During the summer, bug repellent and sunscreen is recommended.
- If your child is **sick** (excessive runny nose, coughing, fever), please refrain from bringing him/her to hippotherapy. A sick child will not benefit from services, my team doesn’t want to get sick, and my tack will be hard to disinfect to prevent the spread of germs from client to client.



REINBOW THERAPY, LLC FEE SCHEDULE & AGREEMENT

(Please retain a copy of this document for your records)

Please carefully read the above explanation of the billing, cancellation policies, and payment policies, and please sign this agreement form and return it to:

Reinbow Therapy, LLC
12 Solomon Pierce Road
Lexington, MA 02420

- Clients must pay full amount prior to the beginning of the semester or contact me to make other arrangements if necessary.
- Checks for the therapy portion are made payable to Reinbow Therapy, LLC and send to above address. Windrush Farm will invoice the horse/ring fee.
- Families are responsible for payment for all of the services rendered.
- Families must understand and follow the policies of both Reinbow Therapy and Windrush Farm.

I have read, understand, and agree to comply with the above billing and payment policies.

Client name: _____ D.O.B. _____

Person financially responsible for client: _____

Address: _____ Phone: _____

Signature: _____ Date: _____



GUIDELINES AND POLICIES

THESE GUIDELINES ARE HIGHLY RECOMMENDED IN ORDER TO MAXIMIZE THE BENEFITS THAT OT OR PT TREATMENTS WILL PROVIDE. REINBOW'S POLICIES ARE ALSO OUTLINED.

- * PLEASE HAVE YOUR CHILD FED AND WELL RESTED BEFORE COMING TO THERAPY
- * PLEASE TRY TO ARRIVE 15 MINUTES EARLY TO ALLOW FOR TRANSITIONING FROM THE CAR TO THE BARN ENVIRONMENT
- * PLEASE DRESS YOUR CHILD WITH PROPER CLOTHING, WHICH INCLUDES LOOSE PANTS, SHORTS IF HOT, AND CLOSED TOED SHOES AND SOCKS (NO SANDALS OR CROCS). LONG HAIR TIED BACK. NO RAIN PONCHOS OR LOOSE OR SLIPPERY CLOTHING. APPLY SUNSCREEN AND BUG SPRAY IF NEEDED
- * THE THERAPIST DETERMINES THE TIME SPENT WITH ANY INTERVENTION WHICH MAY INCLUDE OFF HORSE ACTIVITIES FOR YOUR CHILD AS PART OF THEIR PLAN OF CARE
- * THE THERAPIST WILL DO HER BEST TO ANSWER QUESTIONS OR REPORT ON PROGRESS DURING THE SESSION IF APPROPRIATE. ALL OTHER QUESTIONS CAN BE E-MAILED OR THROUGH DIRECT CALLING. THERAPIST WILL RESPOND IN A TIMELY MANNER.
- * PLEASE TRY TO CONTACT THE THERAPIST AS EARLY AS POSSIBLE OF ANY CHANGES OR CANCELLATIONS TO SPARE VOLUNTEERS FROM COMING AND SO HORSES SCHEDULES CAN BE ACCOUNTED FOR
- * PLEASE NOTE THAT THERE ARE NO SCHEDULED MAKE-UPS UNLESS THE THERAPIST IS ABLE TO ARRANGE WITH THE FARM AND FAMILIES.
- * REFUNDS WILL BE GRANTED BY REINBOW THERAPY AND WINDRUSH FARM DUE TO SOME CIRCUMSTANCES SUCH AS HOSPITALIZATION OR MEDICAL CONDITIONS WITH LETTER FROM THE DR. IF THE THERAPIST IS UNABLE TO

PROVIDE THERAPY DUE TO PERSONAL UNFORESEEN CIRCUMSTANCES SUCH AS ILLNESS THE THERAPY PORTION WILL BE REFUNDED.

* PLEASE NOTE THAT REINBOW THERAPY, LLC FOLLOWS WINDRUSH'S INCLEMENT WEATHER CANCELLATION

* THE THERAPY SEMESTER FEE IS PAID DIRECTLY TO REINBOW THERAPY, LLC AND WILL BE PAID UPON RECEIPT. WINDRUSH WILL SEND THE HORSE/RING SEMESTER INVOICE AND IT IS PAID DIRECTLY TO WINDRUSH FARM UPON RECEIPT OTHERWISE THERE WILL BE AN ADDITIONAL CHARGE INCLUDED.

I HAVE READ AND UNDERSTAND THE ABOVE GUIDELINES AND POLICIES.

NAME: _____ DATE: _____

PARENT/LEGAL GUARDIAN SIGNATURE

*PLEASE MAKE A COPY AND RETAIN FOR YOUR FILES



Release and Indemnification

This release and indemnification is made by and between the parties executing this Agreement (each and collectively, the “Parties”) and any and all persons and parties now or hereafter having any interest in the business known as Windrush Farm Therapeutic Equitation, Inc, a Massachusetts corporation, together with any and all employees, agents and servants of Windrush Farm Therapeutic Equitation Inc.; any and all sponsors, judges, volunteers, interns, coordinators, officials, benefactors and any other individual or entity having any connection with or relation to Windrush Farm Therapeutic Inc. (collectively “Windrush Farm”). Windrush Farm provides horseback riding lessons to individuals, including but not limited to disabled and handicapped children (the “Program”). Windrush Farm owns the land and improvements thereon known as and located at 470/479 Lacy Street, North Andover, Massachusetts 01845 (the “Farm”). Windrush Farm owns, leases, cares for and/or maintains certain horses used or to be used in connection with the Program (the “Horses”). As used herein, the word “horse” shall include horses and ponies of every kind. The Parties desires that the Participant have the opportunity to participate the Program, and/or ride and work with the Horses at the Farm and/or at such other locations as Windrush Farm conducts its activities and/or assist with the Program and/or assist with Windrush Farm’s operations or property and/or volunteer with Windrush Farm (each and collectively, the “Activities”). **Windrush Farm will not permit the Participant to participate without the execution of this release and indemnification which is of material significance to Windrush Farm.** The Parties hereby acknowledge and agree that the activities contemplated hereby are “equine activities,” that Windrush Farm is an “equine professional” and/or an “equine activity sponsor,” and the Participant is a “participant” all as defined by Massachusetts General Laws Chapter 128, Section 2D.

NOW THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Parties agree as follows:

1. **Inherent Risks.** The Parties acknowledge and understand that horses and activities related to horses are inherently dangerous and that there are dangers and risks which are an integral part of equine activities, including but not limited to the propensity of horses to behave in ways that may result in injury, harm or death to persons on or around them; the unpredictability of a horse’s reaction to such things as sounds, sudden movement and unfamiliar objects, persons or other animals; certain hazards such as surface conditions and subsurface conditions; collisions with other horses and objects; and, the potential of the Participant to act in a negligent manner that may contribute to injury to himself or herself or others, such as failing to maintain control over the animal or not acting within his or her ability. Despite these inherent risks, the Parties have chosen to permit the Participant to participate in the Activities. In addition, the Parties hereby acknowledge that it may be more dangerous for the Participant to undertake the activities due to his or her physical, mental and/or emotional challenges and both the Parties accept the additional risks and dangers presented thereby.

2. **Participant’s Representations.** The Parties have been provided with medical and informational intake forms by Windrush Farm. The Parties hereby certify that the information contained therein is true and accurate in all respects. The Parties hereby acknowledge that Windrush Farm will and may rely on the information disclosed thereby without further inquiry or investigation. If, at any time, the medical, physical, emotional or mental condition of the Participant shall change in any material respect or if any of the information required to be disclosed by such forms shall change in any material respect, the Parties shall immediately notify Windrush Farm in writing. In no event shall Windrush Farm be responsible for inquiring into the condition of the Participant’s physical, medical, emotional or mental condition or any change in such condition.



3. **Instructions and Authorization.** The Parties each agree to follow the instructions of Windrush Farm at all times and not to undertake any activity which Windrush Farm has not specifically authorized. In no event shall Windrush Farm be held liable for any injury to or death of any of the Parties due to non-compliance with the instructions of Windrush Farm or actions that have not been specifically authorized by Windrush Farm in each instance. Windrush Farm shall at no time be responsible for the supervision of the Participant at any time other than during his or her scheduled lesson or for any other person (including any minors) on the Farm. Unsupervised minors and any person failing to comply with the instructions of Windrush Farm are subject to immediate ejection from the Farm.

4. **Equipment.** The Parties acknowledge and understand that the equipment used in connection with the Activities, including but not limited to saddles, bridles, bits, brushes, pitchforks, shovels, brushes, combs and hoof picks are each given to ordinary wear and tear. The Participant agrees to use reasonable care at all times while at the Farm and to carefully inspect all equipment for evidence of defects or breakage. If the Parties discover or notice any defects or breakage in or related to any equipment or tack, he, she or they shall immediately notify Windrush Farm. In no event shall Windrush Farm be held liable for any injury to or death of any of the Parties caused by any defect in any such equipment or tack.

5. **Condition of the Land.** The Parties understand and acknowledge that he, she or they may be in the stable area as well as in the arenas, fields, pastures and other land located at the Farm or which Windrush Farm has permission to use (collectively, the “Land”) and that the Land presents certain hazards of which Windrush Farm may be or should be aware. The Parties specifically agree to hold Windrush Farm harmless from any injury or death arising from the conditions of the Land. Windrush Farm has not undertaken to inspect the Farm for hazards which may exist on the Land and has not undertaken to warn the Parties of any hazards which may exist on the Land. It shall be the sole responsibility of the Parties to carefully inspect the Land for any hazards prior to undertaking any activity.

6. **Release.** The Parties agree that neither he, she, it, nor they shall hold Windrush Farm liable for any injury to or death resulting from or related to his or her involvement in equine activities and/or the Activities. The Parties hereby remise, release and forever discharge Windrush Farm for him or herself and his or her heirs, executors and administrators, of and from all manner of actions, cause or causes of actions, suits, reckonings, controversies, damages, claims and demands, in law or at equity, that he or she now has or hereafter can or may have or which his or her heirs, executors or administrators hereafter can, shall or may have by reason of any injury to or death caused by or in any manner related to equine activities and/or the Activities or arising from his, her or their presence at the Farm or on the Land.

7. **Indemnification.** The Parties, jointly and severally, hereby indemnify and hold Windrush Farm harmless for any loss, cost, claim, liability, injury or damage caused by any of them to any person, property of any person or the Farm, which injury or damage is caused by the willful misconduct or negligence of any of the Parties, including but not limited to damage or injury to the Horses, any other horses which may be at the Farm from time to time and any personal or real property.

8. **Acknowledgment.** The Parties each acknowledge that they have been warned about the risks related to equine activities and the Activities and have been informed about the characteristics of each of the Horses. The Parties have each had the opportunity to ask questions of Windrush Farm and are satisfied that they each understand the risks involved in equine activities and the Activities. By their execution of this Release and Indemnification, the Parties agree to be bound by and comply with the terms hereof and acknowledge that the Participant wishes to engage in equine activities and the Program despite the risks and potential dangers involved. None of the Parties has relied on any representations, statements or warranties of Windrush Farm other than those specifically set forth herein. This Release



and Indemnification is a Massachusetts contract and shall be governed by, and enforced in accordance with, the laws of the Commonwealth of Massachusetts.

9. **Consent to Emergency Medical Care.** In the case of any injury to any of the Parties while on the Farm, participating in the Program and/or riding or working with the Horses, the Parties hereby authorize Windrush Farm and any agent, employee, officer and/or director thereof, to seek medical care and attention, including but not limited to arranging for an ambulance to take the participant (or other Party) to any medical care facility, transporting the Participant (or other Party) to any medical care facility and consenting to treatment, medication and/or surgery for the Participant (or other Party). The Parties acknowledge that they shall be jointly and severally liable for the payment of any medical costs and expenses incurred on behalf of the Participant (or other Party) and hereby indemnify and agree to hold harmless Windrush Farm for any costs incurred by it on behalf of any of the Parties.

10. **Consent and Indemnification.** If the Participant is a minor, the Parties: (a) each warrant and represent that he, she or it is the parent or lawful Guardian of the Participant; (b) by his, her or its execution hereof, each hereby agree and assent to the terms hereof and execute this contract on behalf of the Participant intending it to be legally binding and fully enforceable against the Participant and his, her or itself; (c) by the execution hereof, further remises, releases and forever discharges for itself and its heirs, executors and administrators, Windrush Farm of and from all manner of actions, cause or causes of actions, suits, reckonings, controversies, damages, claims and demands, in law or at equity, that they now have or hereafter can or may have or which their heirs, executors or administrators hereafter can, shall or may have by reason of any injury to or death to the Participant, including but not limited to actions for loss of consortium; and, (d) hereby indemnify and hold Windrush Farm harmless from and against any and all actions, claims and causes of action which are or may be brought by or on behalf of the Participant's parent(s) whether for or on behalf of the Participant or on such parent's own behalf. If the Participant is a married person, the undersigned spouse: (x) by the execution hereof, remises, releases and forever discharges for his or her heirs, executors and administrators, Windrush Farm of and from all manner of actions, cause or causes of actions, suits, reckonings, controversies, damages, claims and demands, in law or at equity, that he or she now has or hereafter can or may have or which his or her heirs, executors or administrators hereafter can, shall or may have by reason of any injury to or death to the Participant, including but not limited to actions for loss of consortium; and, (y) hereby indemnifies and holds Windrush Farm harmless from and against any and all actions, claims and causes of action which are or may be brought by or on behalf of the undersigned spouse whether for or on behalf of the Participant or on such spouse's own behalf

This Release and Indemnification shall be valid each and every time the Parties are at the Farm, on the Land, and/or participating in the Activities without the need for re-execution and shall be valid unless and until revoked in writing, the receipt of which writing is acknowledged in writing by an officer or director of Windrush Farm.



Release and Indemnification (continued)

The Parties hereby acknowledge that they have each been given the opportunity to read this Release and Indemnification and that they have executed this document as an instrument under seal, as of the date set forth below.

Client First Name _____ Last Name _____ Date of Birth _____

Spouse's Name (if applicable) _____

Group Name (if applicable: school, group home, or day program bringing client) _____

Please review the following, and complete all that apply:

Client Signature* _____ Date _____

Everyone 14 years or older must sign and date.*

****If you are over 18 and single, you are done with this page.**

- Client is an **ADULT (18 years or older)** and is:

- **Married** (client must sign above **and** spouse must sign below)

Spouse Signature _____ Date _____

- **Under legal guardianship** (complete this page, including Court and Docket Number below, **and** complete and sign the **Affidavit** on the next page)

Legal Guardian Signature _____ Date _____

Court _____ Docket Number _____
if applicable

- Client is a **MINOR (under 18 years of age)** and:

- **Both parents have legal guardianship (Both** parents must sign below)

Parent 1 Signature _____ Date _____

Parent 2 Signature _____ Date _____

- **One parent has sole legal custody** (complete this page **and** complete and sign the **Affidavit** on the next page)

Parent Signature _____ Date _____

- **Client has a court appointed guardian(s)** (complete this page, including Court and Docket Number below, **and** complete and sign the **Affidavit** on the next page)

Legal Guardian Signature _____ Date _____

Court _____ Docket Number _____
if applicable

WARNING

UNDER MASSACHUSETTS LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO SECTION 2D OF CHAPTER 128 OF THE GENERAL LAWS.



Affidavit and Indemnification

I hereby swear and depose under the pains and penalties of perjury that:

1. I am the sole legal guardian of _____ (Client Name).
2. The other/both parents of Client is/are unavailable because the other/both parent(s) is/are (check all that apply):
 - a. _____ Of parts unknown.
 - b. _____ Deceased.
 - c. _____ Incarcerated.
 - d. _____ Deprived of all legal rights to the Client by a court of competent jurisdiction.
(Name of Court: _____)
 - e. _____ Other (Please explain) _____.
3. By my execution hereof, I hereby agree and assent to the terms hereof and execute this indemnification on behalf the Client intending it to be legally binding and fully enforceable against the Client and myself.
4. By my execution hereof, I further remise, release and forever discharge for myself and my heirs, executors and administrators, Windrush Farm Therapeutic Equitation, Inc., a Massachusetts corporation, together with any and all employees, agents and servants of Windrush Farm Therapeutic Equitation, Inc.; any and all sponsors, judges, volunteers, interns, coordinators, officials, benefactors and any other individual or entity having any connection with or relation to Windrush Farm Therapeutic Equitation, Inc. of and from all manner of actions, cause or causes of actions, suits, controversies, damages, claims and demands, in law or at equity, that I now have or hereafter can or may have or which my heirs, executors or administrators hereafter can, shall or may have by reason of any injury to or death of myself, or the Client, including but not limited to actions for loss of consortium.
5. I assume full liability and responsibility hereunder for both of the Client's parents, hereby indemnifying and holding, Windrush Farm Therapeutic Equitation Inc. harmless from and against any and all actions, claims and causes of action which are or may be brought by or on behalf of the Client's parent(s) whether for or on behalf of the Client or on such parent's own behalf.
6. I hereby warrant and represent that I am duly authorized to execute this Release and Indemnification.
7. I hereby agree and understand that WFTE, Inc. has relied and may rely on all of the representations and agreements set forth herein.

Signed under the pains and penalties of perjury

Date _____

Parent/Legal Guardian Signature _____

Parent/Legal Guardian Name (print) _____

Relationship to Client (print) _____



Photo Release

I consent **I do not consent** (please check one) to and authorize the use and reproduction by Windrush Farm Therapeutic Equitation, Inc. of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Client Name (please print) _____

Client/Parent/Legal Guardian Signature _____

Date _____

Parent/Legal Guardian's Signature if client is under 18 or under legal guardianship