

HIPAA Confidentiality Agreement

Federal Health Insurance Portability and Accountability Act

All patients have a right to privacy and all staff including volunteers must respect this right and comply with Keystone Pet Enhanced Therapy Services (KPETS) and the federal law, which insures this right.

- Any information that can identify a patient is considered “Protected Health Information” (PHI) Divulging this information either written or oral is a violation.
- Volunteers will receive minimum information necessary to do the job.
- Conversations with patients should not include questions about their diagnosis, insurance coverage, or anything else that deals with their health information.
- Do not listen to any conversations between patients and medical staff.
- Never discuss anything about a patient unless it is in the performance of your assignment and then only to the proper person and in a manner and location, which insures that the conversation will not be overheard.
- Never discuss anything about a patient outside of the host facility. This includes knowledge of admittance, and emergency treatment. This also pertains to family members, neighbors, friends, church members, etc. who are patients and whom you might see while volunteering. Unless they give you permission to tell someone else, **DO NOT TELL ANYONE.** (This can be difficult at times, because you are caring individuals and would want others who care to know so that they can send a card, say a prayer, etc. However, it is the Law and you must comply. It is also the patient’s right to privacy, no matter how good your intentions might be.)
- Key: remember **WHAT** you are saying, **WHERE** you are saying it, and to **WHOM** you are saying it. These three W’s can determine whether or not you are being compliant with HIPAA regulations.

I hereby agree that I will not discuss, reveal, copy or in any other manner disclose any PHI that I may see or hear while volunteering for KPETS in various facilities. I understand failure to comply with any of the statements aforementioned in this document is my responsibility and not that of KPETS. Failure to comply would mean legal action and/or immediate disciplinary action, which may include dismissal from membership.

Name (please print clearly) _____

Signature: _____ Date: _____



KPETS

Keystone Pet-Enhanced Therapy Services

590 Centerville Road #107 ♥ Lancaster, PA 17601 ♥ 717.333.kpet (5738)
www.kpets.org ♥ info@kpets.org

Promoting the Healing and Rehabilitating Benefits of the Animal/ Human Bond

Release of Claims for Accidental Injury

(For Each Prospective Member Under Test And Observation)

I, _____, hereby certify that I am cognizant of all inherent dangers of handling and showing dogs (mine and others), and of the basic safety rules for activities connected therewith.

I understand that it is not the sole purpose of KPETS (Keystone Pet Enhanced Therapy Services), to teach safety rules, nor is it the function of the corporation or its agents to serve as the guardians of my safety, or guarantors of my responsibilities or liabilities. And, in that regard, I understand and guarantee that while I am participating in my two (or possibly additional) visits prior to membership, I am responsible for any incident that might occur, and absolve KPETS (Keystone Pet Enhanced Therapy Services) from any liability, therefore.

I also understand and agree that neither KPETS (Keystone Pet Enhanced Therapy Services), or its officers, directors, members, agents, or employees, may be held liable in any way for any occurrence in connection with said activities which may result in injury, death, or damages to myself or family.

In consideration of being allowed to apply for membership in the Corporation, I hereby personally assume all risks in the above-described activities, and I further release the above-mentioned persons and entities relative to any injury or damage which may befall me while I am so engaged, including all risks connected herewith, whether foreseen or unforeseen; and further to save and hold harmless the names corporation and persons from any claim by me, or my family, or any other party, arising out of my participation in this activity.

I further state that I am of lawful age and legally competent to sign this affirmation and release, or that my guardian has executed this Release along with me, and in that capacity; that I understand the terms herein are contractual and not a mere recital; and that I have signed this document as my own free act and deed, and without fraud, force or undue influence.

I have fully informed myself of the contents of this affirmation and release by reading it before I signed it. I assume my own responsibility of physical fitness and capability to perform under normal requirements of this activity.

In witness whereof, I have executed this affirmation and release on:

Date: _____

Witness: Tester/Observer

Signature

Handler Name: _____

Handler Address: _____

City, State Zip: _____

Handler Phone: _____



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KPETS Photo Authorization Form

Resident / Participant Name: _____

Facility / Organization Name: _____

Facility / Organization Address:

Facility / Organization Representative: _____

This form is authorization for KPETS - Keystone Pet Enhanced Therapy Dog Services representatives to use photographs of me taken during a pet therapy function. This photo may be used in the following manner:

Printed marketing material: Yes No
KPETS website/newsletter: Yes No

Signature of resident / participant _____ Date _____

Signature of facility / organization representative _____ Date _____

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KPETS Veterinary Health Record

<p>Owner's Name: _____</p> <p>Phone: _____</p> <p>City: _____</p> <p>State _____</p> <p>Zip _____</p>	<p>Type of Pet / Breed: _____</p> <p>Pet's Name: _____</p> <p>Color(s): _____</p> <p>Age: _____</p> <p>Altered: <input type="checkbox"/> Yes <input type="checkbox"/> No Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female</p>
<p>Required at least every 3 years as recommended by your veterinarian:</p> <p>Date Given _____</p> <p>Rabies: _____ Certificate # _____ *annual or 3 yr recommended)</p> <p>Distemper: _____</p> <p>Adenovirus 2/Hepatitis: _____</p> <p>Para influenza: _____</p> <p>Parvovirus: _____</p>	<p>Recommended Annually</p> <p>Date Given _____</p> <p>Bordatella: _____</p> <p>Fecal Exam: _____</p> <p>Comments: (use reverse side if needed)</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>In your opinion, does this pet have the temperament and health to be a good candidate for use in an animal assisted therapy program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Vet Signature: _____</p> <p>Date : _____</p>	<p>Veterinarian Office Name, address, phone (please print clearly)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>



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KPETS Application for Membership

Please type or print legibly

For each NEW team (handler and dog), the following forms are needed:

<ul style="list-style-type: none"> 🐾 Completed application 🐾 Release of Claims form (signed at Orientation) 🐾 HIPAA form (signed at Orientation) 🐾 Photo Release 	<ul style="list-style-type: none"> 🐾 Pre-assessment signed by evaluator 🐾 Two on-site evaluations signed by KPETS evaluators 🐾 Completed Vet record form
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For Registration Renewal, the following forms are needed:

🐾 Completed application	🐾 A copy of vaccine records
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Membership Classification and fees: Fees include 1 dog.

Single: \$25 per one handler and one dog. Same handler, additional dogs are \$5 each.

Dual: Additional handler, same household, for KPETS registered dog, \$5 each

Supporting: \$15 members who support KPETS without a dog

Membership type	<input type="checkbox"/> New	<input type="checkbox"/> Single	<input type="checkbox"/> Dual	<input type="checkbox"/> Supporting
	<input type="checkbox"/> Existing renewal as	<input type="checkbox"/> Single	<input type="checkbox"/> Dual	<input type="checkbox"/> Supporting
	<input type="checkbox"/> Additional	<input type="checkbox"/> Dog	<input type="checkbox"/> Handler	
	<input type="checkbox"/> Transfer from other therapy dog org			
Applicant Name _____				
Address _____				
City/State/Zip _____				
Phone (include area code) _____				
Email address _____				
Dogs call name _____			Breed _____	
Dogs date of birth (must be 1 yr or older) _____			<input type="checkbox"/> Male <input type="checkbox"/> Female	

I certify that I have read and understand the Member Guidelines and the insurance coverage set forth by KPETS - Keystone Pet Enhanced Therapy Services. I agree to abide by these regulations when working my registered dog under the name KPETS - Keystone Pet Enhanced Therapy Services. I will display the KPETS - Keystone Pet Enhanced Therapy Services identification nametag while participating in Keystone Pet Enhanced Therapy Services visits/events/activities. No other organizational tags will be permitted. I understand that I will be covered for liability under KPETS - Keystone Pet Enhanced Therapy Services insurance plan while participating in visits/events/activities under the name KPETS - Keystone Pet Enhanced Therapy Services ONLY. Teams participating in activities representing other organizations will NOT be covered. I am ultimately responsible for my dog. Acts of aggression are not covered by KPETS insurance and I assume full responsibility. I hereby certify that I have complied and will continue to comply with all the Member Guidelines of KPETS - Keystone Pet Enhanced Therapy Services to the best of my knowledge.

Applicant Signature _____ **Date** _____

SEND COMPLETED DOCUMENTS TO ADDRESS AT TOP OF PAGE



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KPETS Questionnaire

Name:	Phone:
Address:	Email:
City, State, Zip	Date:

Animal(s)

What type/breed/size animal(s) do you have? List below	Names	Is it a registered therapy animal? *

*Through Delta Society, Therapy Dogs, Inc or Therapy Dogs Int'l

Current Status

Are you currently doing pet therapy visits? _____
 What Location(s)? _____

With an organized group? ____ If so, name of group _____

Have you taken any training classes (obedience, etc) _____
 If so, please specify what type and where? _____

Does your pet have any special talents or tricks? _____
 If so, explain: _____

Availability – frequency

What amount of time are you available to visit? _____

- More than once a week
- Once a week
- Bi weekly
- Monthly
- Other

Availability - Schedule

What time of day best fits your schedule? Be specific if necessary

What days best fit your schedule? _____

Do you prefer...?

Going on your own when it fits into your schedule?

or

Do you prefer going at a regimented time with others?

What type of visiting do you prefer?

- Visit many people for short periods of time
- Visit less people and spend more time with those you do visit
- Visit only one person
- Do things for groups of people – no one-on-one
- Other

What type of people are you comfortable visiting?

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Elderly | <input type="checkbox"/> Physically Disabled | <input type="checkbox"/> Hospice patients |
| <input type="checkbox"/> Children | <input type="checkbox"/> Emotionally unstable | <input type="checkbox"/> Any |
| <input type="checkbox"/> Teens | <input type="checkbox"/> Mentally challenged | <input type="checkbox"/> Other – please list |
| <input type="checkbox"/> Prisoners | <input type="checkbox"/> Dementia patients | _____ |

What area (townships) or how far are you willing to travel to do visiting?

Are you willing to document visiting information?

(Such as: length of stay, date, time, reaction to visit, other as requested) and submit for measurement of AAT benefits?

Would you be interested in participating in other activities to promote pet therapy?

Activities would be things like: staffing an info booth at community events or walking in parades to promote pet therapy? _____

Thank you for taking the time to complete and return this survey. By compiling this information, we will better serve you by matching your scheduling preferences; which in turn, will make this much-needed service available to so many more in our community.
Thanks again!