



**Mail:** P.O. Box 240663 ♦ Anchorage, AK ♦ 99524  
**Phys.:** 3900 Abbott Rd ♦ Anchorage, AK ♦ 99507  
**Ride Line:** 907-566-TROT (8768)  
**Fax:** 866-881-5009 **Text:** 907-350-0566  
**Web:** [www.EquineAssistedTherapyAlaska.org](http://www.EquineAssistedTherapyAlaska.org)  
**Email:** [Ride@EquineAssistedTherapyAlaska.org](mailto:Ride@EquineAssistedTherapyAlaska.org)

## **PRIVACY POLICY**

### **PRIVACY POLICY**

This is the privacy policy of Equine Assisted Therapy Alaska for electronic media; including: its online website: <http://www.EquineAssistedTherapyAlaska.org>, its social media sites: Facebook, Google+, Twitter), and its mobile application. It is also the privacy policy for its member (donor, volunteer, employees, and associated individuals or companies) database management system.

### **CONFIDENTIALITY POLICY**

It is the policy of Equine Assisted Therapy Alaska to treat all information concerning participants, donors, volunteers, employees, and other associated organizations or associated members, their business and financial records, as confidential. “Confidential” means that you are free to talk about Equine Assisted Therapy Alaska and about your program and your position, but you are not permitted to disclose clients’ names or talk about them in ways that will make their identity known. No information may be released without appropriate authorization.

All records dealing with specific individuals must be treated as confidential. General information, policy statements, or statistical material that is not identifiable with a specific individual or organization is not considered confidential. All EATA members are responsible for maintaining the confidentiality of information for all members of EATA, including staff, volunteers, donors, and other associates.

### **INFORMATION COLLECTION, USE, & SHARING POLICY**

It is the policy of Equine Assisted Therapy Alaska to collect demographical, contact, and payment information from participants, donors, volunteers, employees, and other associated members or assistant organizations for operational, fundraising, and reporting purposes. Any

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information provided is voluntary and may be provided in any manner that is secure to the individual: mail, phone, email, fax, direct deposit, online website, or in-person. Outside of these methods, Equine Assisted Therapy Alaska will make every attempt to necessary collect information as the individual desires, within reasonable expectations.

### *Storage of Information*

Information collected is held in electronic databases, a locked storage unit, or stored in an area with at least two locked devices (outer door and locked cabinet, two locked doors, password protected device and password protected file). Electronic information is stored through cloud computing and is accessed through fingerprint technology and password protected technology on all mobile devices.

### *Security*

We take precautions to protect your information. When you submit sensitive information via the website, your information is protected both online and offline. Wherever we collect sensitive information (such as credit card data), that information is encrypted and transmitted to us in a secure way. The computers/servers in which we store personally identifiable information are kept in a secure environment.

### *Use of Information*

Information is shared with employees, volunteers, and vendors for specific role-related purposes (sending mailers, expressing gratitude, communication of events, or fulfilling an order or request). Any information collected **will not** be sold or rented to another organization or individual.

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### *Access & Control & Access Over Your*

#### *Information*

It is the policy of Equine Assisted Therapy Alaska to provide any information in our database to the requester within seven (7) days. You may **ONLY** request the presence of your name in our database, if proper identification cannot be provided in the form of a license, military identification, or government issued identification.

#### **DISCONTINUATION OF CONTACT POLICY**

It is the policy of Equine Assisted Therapy Alaska to discontinue contact with any recipient of EATA communications, upon his or her oral or written request.

#### **LIMITATIONS TO THE POLICIES ABOVE**

These policies do not prohibit the initiator, whom requested the discontinuation of contact or their agent, to contact an agent of Equine Assisted Therapy Alaska or for a member of Equine Assisted Therapy Alaska to contact the initiator at the initiator's request. The contact is limited to answering the inquiries, requests, or concerns received from the individual and/or their agent.

#### *Procedure for the Requestor*

The requestor may request correction, addition, or removal of information from the database or may opt-out of communications at anytime, by contacting EATA at:

Email: [Ride@EquineAssistedTherapyAlaska.org](mailto:Ride@EquineAssistedTherapyAlaska.org),

Phone: 907-566-8768,

or by visiting the office during business hours.

#### *Procedure for EATA*

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When an individual, or their agent, requests removal from Equine Assisted Therapy Alaska's database, mailing list, or method of contact, the individual charged with maintaining this database and information, will properly update the information and add the individual to the DO NOT CONTACT database within 10 business days. This employee or volunteer will then confirm this action, by reaching out the individual, or their agent, in the method that they request.

#### *Permanent Record of Removal*

Equine Assisted Therapy Alaska will maintain a record of all requests for discontinuation of contact requests in its electronic and filed records. Oral records will be captured in writing and maintained with written requests on file, electronically and physically. The records of persons who have made such a request will be maintained by Equine Assisted Therapy Alaska for legal or liability purposes.

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EQUINE ASSISTED THERAPY ALASKA

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## **EATA FORMS**

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**REQUEST TO REVIEW PERSONAL DATA COLLECTED (pg.1)**

**Name of Requestor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please provide the following information for verification & identification purposes:**

*The fastest and most secure method of identification is to bring your identification to Equine Assisted Therapy Alaska during business hours.*

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**License:** \_\_\_\_\_

**Other ID:** \_\_\_\_\_

**Home of Ownership in Alaska:** \_\_\_\_\_

**Government Email with your name:** \_\_\_\_\_

**Reference of an individual who knows you at EATA:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Relationship with the Requestor:** \_\_\_\_\_

*We request this information, as a measure to protect your Personally Identifiable Information (PII) data from malicious requests.*

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**REQUEST TO REVIEW PERSONAL DATA COLLECTED (pg.2)**

**Name of Requestor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*What information do you want to request?*

I would like to review all information previously collected and stored with Equine Assisted Therapy Alaska (EATA).

I **only** want a copy of the following information in EATA’s database:

Personally Identifiable Information (PII – name, address, DOB, etc.)

Information Related to:

Volunteering

Donations (Purchased and Donated)

Employee Information

Communications (mailers, letters, cards, phone calls)

Other: (please explain) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Internal Use ONLY:**

Date Received: \_\_\_\_\_ Staff Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Date Processed: \_\_\_\_\_ Staff Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Date Sent/Met: \_\_\_\_\_ Staff Name: \_\_\_\_\_ Initial: \_\_\_\_\_

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## REQUEST TO OPT-OUT OR CHANGE LEVEL OF COMMUNICATION WITH EATA

**Name of Requestor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please take the following action regarding the level of communication with EATA:

- Remove me from all Communications
- ONLY Communication with me by:
  - Email: \_\_\_\_\_
  - Phone: \_\_\_\_\_
  - Mail: \_\_\_\_\_
  - \_\_\_\_\_
- Other Method: \_\_\_\_\_
- \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Name: \_\_\_\_\_

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## CONFIDENTIALTY STATEMENT

**Name of Requestor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please keep the following request on file, until otherwise changed:

1. How may we acknowledge your participation or support of EATA:

a. As a client/participant:	Yes	No	With Prior Consent
b. As a donor:	Yes	No	With Prior Consent
c. As a volunteer:	Yes	No	With Prior Consent
d. As a supporter/member:	Yes	No	With Prior Consent
e. As a family member:	Yes	No	With Prior Consent
f. As an employee/contractor:	Yes	No	With Prior Consent
  
2. How may we acknowledge your participation?

a. Photography:	Yes	No	With Prior Consent
b. Audio/Video:	Yes	No	With Prior Consent
c. Printed Media:	Yes	No	With Prior Consent
d. Electronic Media,			
i. EATA Website:	Yes	No	With Prior Consent
ii. Social Media:	Yes	No	With Prior Consent
iii. Other media:	Yes	No	With Prior Consent
  
3. May we acknowledge specifics of your participation or support?

a. Volunteer Hours	Yes	No	With Prior Consent
b. Volunteer Events	Yes	No	With Prior Consent
c. Gift or Donation	Yes	No	With Prior Consent
d. Worth of gift, donation, or hours	Yes	No	With Prior Consent
e. Length of Participation	Yes	No	With Prior Consent
f. Occupation or Company	Yes	No	With Prior Consent
g. Your Story	Yes	No	With Prior Consent

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Contact Information:** \_\_\_\_\_

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## ACKNOWLEDGEMENT OF CONFIDENTIALITY OF CLIENT INFORMATION

I agree to treat as confidential all information about clients or former clients and their families that I learn during the performance of my duties as \_\_\_\_\_ (position title), and I understand that it would be a violation of policy to disclose such information to anyone without checking first with my supervisor.

**Signature of Employee or Volunteer:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Contact Information:** \_\_\_\_\_

## EMAIL CONFIDENTIALITY STATEMENT

**Confidentiality:** This electronic message is intended to be for the use only of the named recipient, and may contain information that is confidential or privileged. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of the contents of this message is strictly prohibited. If you have received this message in error or are not the named recipient, please notify us immediately by contacting the sender at the electronic mail address noted above, and delete and destroy all copies of this message. Thank you.

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