



Arizona Goldens LLC

“Service Dog Helping Others Improve their Lives”



Autism Service Dog Application

Prior to filling out the application, please review the Service Dog Overview, Process, Costs, & Criteria pamphlet located in this packet and on our website at:
<http://www.AzGoldensLLC.com/AZG-SDOverview.pdf>

***Please Note:** Application must be completed by the applicant or answered by applicant's legal guardian. Application Fee, Medical Prescription for a Service Dog and completed Autism Questionnaire **MUST** accompany application.*

Personal Information:

Client's Name _____ Today's Date _____
 Gender: M F Age _____ Client's Date of Birth _____
 Diagnosis _____ Age at Diagnosis _____
 Client's Street Address _____ Apt # _____
 City _____ County _____ State _____ Zip _____

Maternal (Mother) Parent Information

Maternal Parent's Name _____
 Address (if different then Client's) _____
 Apt #: _____ City _____ County _____ State _____ Zip _____
 Home Phone (_____) _____ Cell Phone (_____) _____
 Email Address _____ Fax (_____) _____
 Marital status? Single Married Separate Divorced Other _____

Paternal (Father) Parent Information

Paternal Parent's Name _____
 Address (if different then Client's) _____
 Apt #: _____ City _____ County _____ State _____ Zip _____
 Home Phone (_____) _____ Cell Phone (_____) _____
 Email Address _____ Fax (_____) _____
 Marital status? Single Married Separate Divorced Other _____

Referred to Arizona Goldens LLC (AZG) by: _____



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Emergency Contact:

Name: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Relationship: _____ Able to Authorize Medical Care: Yes No

Medical Information:

Primary Doctor's Name: _____

Practice Name: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Office Phone: (____) _____ Fax Number: (____) _____

Other Doctor's Names, Specialties, & Phone Numbers:

Insurance Name: _____ Policy ID or Plan #: _____

Insurance Phone Number: _____ Policy End Date: _____

Insurance Primary Holder's Name (if other than client): _____

Describe your disability(s), limitations, and prognosis: _____

List any allergies (nuts, latex, etc): _____

List any medications or treatments currently taken: _____

Service Dog Information:

What type of assistance dog are you looking for?

Autism Service Dog Social/ Therapy Other _____

List a minimum of 5 tasks you need the service dog to do for you or your child:

1. _____.
2. _____.
3. _____.
4. _____.
5. _____.

Other: _____.



How Would Others Describe your Lifestyle & Personality (Circle One):

- Active/Energetic/Go-Getter Quiet/Reserved Social Independent/Strong Fearful

What gender of dog do you prefer: Male Female Doesn't Matter

Do you prefer: Labs Golden Retrievers Either Other _____

Describe any hobbies or interests? _____

Explain why you want a service dog. What do you hope that he or she can do for you? What needs or services could a service dog provide for you? _____

Are you able to relieve and have a plan to clean up the waste from the dog? Yes No

Are you able to arrange to participant every day for two weeks, to train in Boot Camp?

Yes No Need Other Arrangements Such as: _____

If you live outside Arizona, are you able to arrange to participant every day for 3 weeks, to train in Boot Camp in your home state? Yes No Need Other Arrangements Such as:

Do you use mobility aides? (Wheelchair, canes, braces) Yes No

List: _____

References:

Please list three references (non family related) and their addresses and phone numbers. Please include at least one professional reference.

Name	Address	Phone	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

May we contact these references? Yes No



I _____ hereby waive and forever discharge claims for damages suffered in connection with ARIZONA GOLDENS LLC sponsored events and Boot Camp that the above (located on page 1) listed individual, their heirs, executors and administrators may have or accrue against ARIZONA GOLDENS LLC, its representatives, agents, and volunteers.

I also understand that I will be responsible for any costs of any service or treatment provided not covered by insurance of ARIZONA GOLDENS LLC.

I also release my photo to be used by ARIZONA GOLDENS LLC at their discretion and as per separate Photo & Video Release Form.

In case of emergency, I understand that every effort will be made to contact the emergency person list on page 2. In the event that they cannot be reached, I hereby give permission to a physician selected by a representative of ARIZONA GOLDENS LLC, to hospitalize and secure proper treatment (including surgery).

I understand that the sensitive information provided in this application is for the sole purpose of evaluating the potential fit of my condition and needs with a potential AZG Service dog. I understand fully that due to certain circumstances, I may not qualify to continue on with the process to receive a service dog and the \$25 application fee is non-refundable.

I understand that AZG and its employees, volunteers, and processes does not discriminate based on Race or Color; National Origin; Religion; Sex; or Familial Status.

I agree that any current or future disputes be resolved first through Arbitration.

I have read, understand and agree to the above listed statement and do sign this agreement of my own free will.

Signatures Required	
Applicant Name & Signature: _____	Date _____
Legal Guardian Name & Signature: _____	Date _____
Witness Name & Signature: _____	Date _____

***Remember to include in your mailing of the application: a copy of your doctor's Prescription for a Service Dog, Autism Questionnaire, copy of child's IEP (individualized education program), and the \$25 Application Fee!**

Should you have any questions, please contact or Manger Brian Daugherty at:

Direct Line: (480) 205-6812 **Email:** azgoldensllc@cox.net
Mailing address: PO Box 40776 Mesa, Arizona 85274-00776



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Photo & Video Release Form

I, the undersigned, do hereby consent and agree that Arizona Goldens LLC (“AZG”), its employees, or agents have the right to take photographs, videotape, or digital recordings of me, my child, or my dependent and to use these in any and all media, now or hereafter known.

I further consent that to use of mine or my child’s name and identity may be revealed therein or by descriptive text or commentary and may contain certain information that is protected under the Health Insurance Portability & Accountability Act (“HIPAA”). These disclosures are dictated by AZG HIPAA Privacy Notice located on our website or provided to you.

This release of photo, video, and in-person account information includes but not limited to:

- Starting, current, or ending communication levels,
- Information relating to the client’s progress in AZG programs,
- Interactions between staff, equipment, and service animals,
- Personal stories about progress from family members,
- Sleeping patterns,
- Behavioral Patterns including progress in treatment of self-stemming, self-injurious behaviors, or repetitive behaviors,

I do hereby release to Arizona Goldens LLC, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my or my child’s identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me or my child, either for initial or subsequent transmission or playback.

I also understand that Arizona Goldens LLC is not responsible for any expense or liability incurred as a result of my or my child’s participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, and if applicable legal guardian of the child and have read and understand the foregoing statement, and am competent to execute this agreement.

Signatures Required

Parent(s) Name: _____ Child Name: _____

Address: _____

Phone: _____

Email: _____

Guardian 1 Signature: _____ Date: _____

Guardian 2 Signature: _____ Date: _____



Service Dog Overview

Overview:

AZG dogs are trained in all of the essential house manners, as well as to pick up dropped items, carry packages, turn on the lights, open doors, get the phone, and steady their owners. They are trained to push or pull designated objects, pay for items in a store, and move to designated positions. Our dogs are trained to a “wide-range” of skills to help individuals with Autism including interrupting stimming or self-injurious behaviors, alerting to dangerous situations or conditions, amongst much more. We are happy to train a dog to learn cues specific to an individual’s need or to help the recipient teach their dog new tools.

All of our dogs are neutered/ spayed, vaccinated, x-rayed, micro-chipped, and heartworm-free. They go through extensive medical evaluations to insure the health of the animal at the time of placement. Individuals who are interested in acquiring a service dog are required to submit an application, a video of a “Day in Your Life” if outside the Phoenix Metropolitan area, along with a \$25, non-refundable application processing fee.

After the initial application is reviewed, a home visit will be scheduled. For our clients located outside the Phoenix Metropolitan area, the \$500 non-refundable deposit is due prior to the home interview to offset the travel expenses for the home interview. At the time of the interview, additional criteria will be discussed and potential recipients will be required to meet our recommendations to insure the dog will be safe, adequately cared for and help in the success of the team.

For a detailed Application & boot camp process refer to the Service Dog FAQ Page located at:

<http://www.azgoldensllc.com/servicedogprogram.php>

After an individual is fully qualified for a dog, and a “match” is made, AZG expects that the client will attend a two week Boot Camp that will allow us to:

- teach the parents and the client all of the cues that the dogs have learned;
- to work together as a team now and in the future;
- to become comfortable working in public;
- to demonstrate how to teach the dog new behaviors in response to your child’s growth;
- how to properly care for the dog;
- to educate the client and parents about the responsibilities associated with dog ownership and taking a dog out in public.
- Fine tune the necessary training to the required tasks for each client.



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At the end of Boot Camp, teams will also be tested using the Assistance Dog International (ADI) test in addition to the Public Access Testing & our own testing standards. ADI is an international organization made up of member service dog programs and sets standards for the field. Their test focuses on the interaction and harmony between the person and their dog, the ability of the dog to work safely with his new handler, and the ability of the dog to behave appropriately in public. This test is a minimum requirement and individuals who cannot pass any tests, written or practical, with a score of 80% or better will not receive a service dog. Any refunds will be dictated by our current return policy. We expect our clients to pass all tests and also demonstrate additional tasks their dog will perform to assist their independence while not presenting a danger or nuisance to the general public.

Children will be required to have at least one parent attend part of the transfer camp. If the other parent does not complete boot camp, they will not be able to work with the child & their service dog out in public. If the child uses an aide at school, the aide must also attend a portion of the camp and be willing to meet with AZG staff to learn the appropriate role of an aide helping a client with a service dog in a public situation.

After completion of the boot camp and “graduation,” we check in on the new teams on a regular basis. Full training and support is included into the base price of each service dog team for the entire lifetime of the placement. If local and at all possible, we conduct these check-ins via phone or in person visits. If the client is located outside the Phoenix metropolitan area, we will do the initial check-ins or small issues via phone or video conferencing. At these intervals, AZG can trouble shoot any areas that need special attention.

If any of our clients need assistance. Clients are actively encouraged to return for help whenever the need arises.

During the first year after graduation, Arizona Goldens LLC retains full ownership of the dog. A one-year wait helps us know that the dogs are being cared for, treated properly, and are being used for their intended purpose. Nevertheless, if for any reason the handler is unable to care for the dog, the dog must be returned to AZG with no refunds. Under no circumstances may the dog ever be given away to an unapproved home. If the handler should die the first three (3) years of placement with an AZG dog the dog must be returned to AZG. No refunds will be issues to the client, client’s family or friends for the return of the dog. AZG must also be notified if the dog or client (handler) should pass on even after the first 3 years of placement, the best interest of the dog must be served whether to remain with the family or be recalled to AZG.

At the one-year mark, the team will be retested using the entire practical and written test they were required to pass at the end of boot camp. If the team passes the first year evaluation period, they are invited to the next Graduation ceremony where they will receive ownership of their service dog. If the team does not pass their first year evaluation period, depending on the reason, we will wither extend the evaluation for another year or not certify the placement and the clients will have to return the serve dog with no refund of the service dog.



Criteria for Applicants:

An individual having a physical or psychological disability must meet the following criteria to apply for an AZG **Service Dog**:

1. The candidate must be able to meet the emotional, physical, and financial needs of the service dog, and offer a stable home environment. This includes exercise and grooming of the dog. Family members and/or aides are expected to assist where necessary.
2. The candidate must provide a safe, fenced enclosure adjacent to his or her home to exercise the dog off lead. Preference is for a home environment in which the service dog is the only dog living in the home, but exceptions will be evaluated on a case-by-case basis.
3. The candidate or Legal Guardian handler must be mature enough and possess sufficient cognitive functioning to actively participate in the training and learning process required during the final training phase of the service dog. They must also be capable of managing the dog once they are living together.
4. The candidate must be actively pursuing the goal of independent living and seek to improve the quality of his life through the aid of a Service Dog.
5. The candidate's medical situation should enable the candidate to work with the dog for several years.
6. The candidate must be financially able to maintain their functional lifestyle during the boot camp (approximately two weeks). AZG cannot assist with attendant care, medications, transportation, etc., during the boot camp.
7. Candidates must be at least 10 years of age and have adequate support from parents and aides. Placements under the age of 10 are on a case by case basis. In the case of an autistic Service Dog, placements can be done for a child at 2 to 3 years of age.
8. AZG will give preference to clients living in the state of Arizona, followed by those outside of Arizona.
9. Applicants will be considered without regard to race, sex, religion, creed, sexual orientation, ethnic origin, or age.
10. They must be able to financially be able to care for the dog. This includes a \$150 minimum clearance in income a month above all other expenses.
11. Autism candidates must not be extremely violent as their *initial* reaction to stimuli or start of the meltdown nor be an extreme safety danger to others.



Application Process:

For a detailed Application & boot camp process refer to the Service Dog FAQ Page located at:

<http://www.azgoldensllc.com/servicedogprogram.php>

Remember when submitting a completed application, also include:

- \$25 application Fee(check, or money order)
- All application forms.
- Video tape "A Day in Your Life" video which shows what you normally do from the time you wake up to the time you go to bed or typical challenges relating to your specific disability. (Outside Phoenix Metro Area)

After acceptance into the Service dog program, a \$500 non-refundable fee is due. For our out of state placement, this \$500 non-refundable fee is required after the review of initial application and prior to the home interview. The rest of the cost of the dog will be due before the start of Boot Camp unless other written arraignments have been made. For successful clients, after one year and passing of the re-certification test conditional ownership is granted at next formal graduation.

Candidates who are unable to complete/pass the Boot Camp, Working Final Test, subsequent Public Access Test with an 80% or higher score, and or do not financial account paid in full with AZG prior to the start of Boot Camp paid will not continue with Boot Camp or be placed with a dog.



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Estimate of Expenses:

Application Fee: \$25 (non-refundable)

Boot Camp Fee: \$500 (non-refundable & in addition to service dog fee. This is due at time of acceptance into the program)

Fee for Autism Service Dog: \$14,500

(Please note the increase in price reflects increase in costs of dog food, veterinary care, and costs associated with the change from 1 year support to support for the entire working span of the placement)

Outside the Phoenix Metropolitan Area: Additional travel expenses such as gas, rental car, flights, lodging, meals, etc. for AZG staff member to do a 2 week boot camp & 1 week support (3 weeks total) in client’s own home/area may be assessed. There will be a 20% contingency factored into this estimated expense at the time the contract is signed to allocated possible fluctuations in travel & lodging costs at an unknown future timeframe for boot camp.

Additional Options: Additional options such as year of dog food & veterinary care, to service dog backpacks, vests, etc. may also be chosen at time of acceptance into AZG service dog program for additional fees.

After Graduation, please budget additional expenses such as:

- Dog food:** approximately \$50/month; we are happy to recommend suitable, high quality foods.
- Regular vet care:** monthly heartworm, tick and flea preventatives and yearly immunizations. Your vet may offer a discount for a Service Dog. We estimate the cost of vet care to be approximately \$400/year for well dog maintenance.
- Replacement equipment: including,** but not limited to, packs, leashes, collars, and bowls. AZG can provide these items to you. Budget: \$50/year.
- Toys and treats:** approximately \$150/year.

On average, it costs approximately \$1,200 per year to care for a Service Dog.



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Fundraising Worksheet: Basic Information

Are You Presently:

- Student
 Employed
 Unemployed
 Retired
 Other

Annual Household income (Circle One):

- \$0-\$25,000
 \$25,000-\$50,000
 \$51,000-\$75,000
 \$76,000-\$100,000
 100,000+

Calculations:

Average Monthly Income (From Above / 12 Months) = _____

- Average Monthly Expenses (Estimate) = _____

Difference available for Service Dog Expenses = _____

(Note to Client: If this figure is negative or between \$0 & \$ 150, Arizona Goldens LLC can not place a Service Dog with you due to the fact that you cannot financially support the estimated average costs of feeding, maintaining training, and average annual veterinary expenses)

Do you have a minimum of a \$150 clear per month in income above all other expenses to pay for the above mentioned expenses associated with a service dog?

- Yes
 No
 Client Initial: _____

Are you able to pay the entire amount for the service dog at this time?

- Yes
 No
 Client Initial: _____

Are you willing to fund raise, write grants, or do what is necessary to pay for all the costs to get your new service in the next 12 months?

- Yes
 No
 Client Initial: _____

Are you able to finance through a personal, home equity, or other type of loan for your new service dog?

- Yes
 No

Are you willing to fundraise including writing grants & speaking at events to cover the cost of your service dog? *(Note: AZG can help suggest some grants, fundraising How-To's, & other opportunities, but the responsibility of fundraising for your service dog is yours)*

- Yes
 No
 Client Initial: _____



Fundraising Information Continued...

Are you part of any groups or associations (Such as AAA, ARP, Military, Union, Lion’s, etc.)?

Are you a United States Military Veteran? Yes No

Have you already applied for and received any grants for Autism Services? Yes No

If Yes, Which ones? _____

Have you ever organized or hosted a Fundraising Banquet or Auction? Yes No

Are you willing to organize, attend, and speak at local or state groups about fundraising?
 Yes No

(Example to speak at a Lions Club, Shriners, Chamber of Commerce, Banquets, Churches, Businesses, etc)

Have you ever participated in or ran a fundraising even for another cause? If so what was it and what did you do?

Do you have any current hobbies or hobbies you wish to try (Singing, Dancing, Archery, Sports, etc)?



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AZG Refund Policy

All requests for refunds must be received in writing and delivered via mail to:

Arizona Goldens LLC
P.O. Box 40776 Mesa, AZ 85274-0776

Clients requesting a refund must be responsible for all reporting requirements and distribution back to any, if at all, donors toward their service dog.

Prior to Boot Camp Scheduling:

Prior to the scheduling of boot camp start date and making boot camp arrangements, clients can provide a written request to above mentioned address for a full 100% refund of all funds deposited towards their service dog minus the \$500 non-refundable deposit and \$25 application fee.

After Boot Camp has been Scheduled or if a Failure to Pass the Boot Camp Tests

After the scheduling of the Boot Camp Start Date, or if the client fails to complete boot camp for any reason, the client can request a refund to the above listed address and will receive a refund according to the following formula:

$$\begin{array}{l}
 \textit{Total Deposited Funds} \\
 \text{Minus Non-Refundable \$500 Deposit} \\
 \text{Minus Client \& Boot Camp Expenses} \\
 \textit{(this includes equipment, room rentals, the total time spent working on the client's case at \$50} \\
 \textit{per hour, and any other expenses directly relating to the client.)} \\
 \text{Minus Travel Expenses (if applicable)} \\
 \text{Minus Applicable local, State, or Federal taxes} \\
 \text{Minus Service Dog Application Fee} \\
 \hline
 = \text{Total Amount Refunded to Client}
 \end{array}$$

After Boot Camp Completion & Graduation

After the successful placement of a service dog and passing all required tests, there will be no refunds of any form at any time.

Clients utilizing AZG Payment Plan

No refunds at any time and for any reason for any payments already made. AZG will pursue recovery of the service dog and any applicable judgments for remaining unpaid balance if there is a default by the client for any payment.

I understand the above conditions stated in the Service Dog Overview and Agree to the AZG Return Policy above. If for any disputes for refunds, both parties agree to Arbitration.

Applicant Name & Signature: _____	Date: _____
Guardian 1 Signature: _____	Date: _____
Guardian 2 Signature: _____	Date: _____



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Arizona Goldens LLC Health Insurance Portability & Accountability Act (HIPAA) of 1996 Privacy Notice

Arizona Goldens LLC works hard so that your medical, billing, and patient history be safeguarded as per all related HIPAA regulations & guidance in the most efficient and reasonable manner. The following disclosures are from the US Department of Health & Human Services website (www.hhs.gov) and gives our patients a general idea on how their information is used. This information is general in nature, please consult the US Department of Health & Human Services website (www.hhs.gov).

This notice may be updated time to time, please refer to our website for the most updated version.

What information is Protected?

The Privacy Rule protects all "*individually identifiable health information*" held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral. The Privacy Rule calls this information "*protected health information (PHI)*."¹²

"*Individually identifiable health information*" is information, including demographic data, that relates to:

- the individual's past, present or future physical or mental health or condition,
- the provision of health care to the individual, or
- the past, present, or future payment for the provision of health care to the individual,

and that identifies the individual or for which there is a reasonable basis to believe can be used to identify the individual.¹³ Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number).

The Privacy Rule excludes from protected health information employment records that a covered entity maintains in its capacity as an employer and education and certain other records subject to, or defined in, the Family Educational Rights and Privacy Act, 20 U.S.C. §1232g.



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De-Identified Health Information. There are no restrictions on the use or disclosure of de-identified health information.¹⁴ De-identified health information neither identifies nor provides a reasonable basis to identify an individual. There are two ways to de-identify information; either: 1) a formal determination by a qualified statistician; or 2) the removal of specified identifiers of the individual and of the individual’s relatives, household members, and employers is required, and is adequate only if the covered entity has no actual knowledge that the remaining information could be used to identify the individual.

Permitted Uses and Disclosures

A covered entity is permitted, but not required, to use and disclose protected health information, without an individual’s authorization, for the following purposes or situations:

- (1) To the Individual (unless required for access or accounting of disclosures);
- (2) Treatment, Payment, and Health Care Operations;
- (3) Opportunity to Agree or Object; (4) Incident to an otherwise permitted use and disclosure;
- (5) Public Interest and Benefit Activities; and
- (6) Limited Data Set for the purposes of research, public health or health care operations.¹⁸ Covered entities may rely on professional ethics and best judgments in deciding which of these permissive uses and disclosures to make.

(1) To the Individual. A covered entity may disclose protected health information to the individual who is the subject of the information.

(2) Treatment, Payment, Health Care Operations. A covered entity may use and disclose protected health information for its own treatment, payment, and health care operations activities.¹⁹ A covered entity also may disclose protected health information for the treatment activities of any health care provider, the payment activities of another covered entity and of any health care provider, or the health care operations of another covered entity involving either quality or competency assurance activities or fraud and abuse detection and compliance activities, if both covered entities have or had a relationship with the individual and the protected health information pertains to the relationship. See [OCR “Treatment, Payment, Health Care Operations” Guidance](#).

Treatment is the provision, coordination, or management of health care and related services for an individual by one or more health care providers, including consultation between providers regarding a patient and referral of a patient by one provider to another.



Arizona Golden retrievers LLC

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Payment encompasses activities of a health plan to obtain premiums, determine or fulfill responsibilities for coverage and provision of benefits, and furnish or obtain reimbursement for health care delivered to an individual²¹ and activities of a health care provider to obtain payment or be reimbursed for the provision of health care to an individual.

Health care operations are any of the following activities:

- (a) quality assessment and improvement activities, including case management and care coordination;
- (b) competency assurance activities, including provider or health plan performance evaluation, credentialing, and accreditation;
- (c) conducting or arranging for medical reviews, audits, or legal services, including fraud and abuse detection and compliance programs;
- (d) specified insurance functions, such as underwriting, risk rating, and reinsuring risk;
- (e) business planning, development, management, and administration; and
- (f) business management and general administrative activities of the entity, including but not limited to: de-identifying protected health information, creating a limited data set, and certain fundraising for the benefit of the covered entity.

Most uses and disclosures of psychotherapy notes for treatment, payment, and health care operations purposes require an authorization as described below.

Obtaining “consent” (written permission from individuals to use and disclose their protected health information for treatment, payment, and health care operations) is optional under the Privacy Rule for all covered entities. The content of a consent form, and the process for obtaining consent, are at the discretion of the covered entity electing to seek consent.

(3) Uses and Disclosures with Opportunity to Agree or Object. Informal permission may be obtained by asking the individual outright, or by circumstances that clearly give the individual the opportunity to agree, acquiesce, or object. Where the individual is incapacitated, in an emergency situation, or not available, covered entities generally may make such uses and disclosures, if in the exercise of their professional judgment, the use or disclosure is determined to be in the best interests of the individual.



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Facility Directories. It is a common practice in many health care facilities, such as hospitals, to maintain a directory of patient contact information. A covered health care provider may rely on an individual’s informal permission to list in its facility directory the individual’s name, general condition, religious affiliation, and location in the provider’s facility. The provider may then disclose the individual’s condition and location in the facility to anyone asking for the individual by name, and also may disclose religious affiliation to clergy. Members of the clergy are not required to ask for the individual by name when inquiring about patient religious affiliation.

For Notification and Other Purposes. A covered entity also may rely on an individual’s informal permission to disclose to the individual’s family, relatives, or friends, or to other persons whom the individual identifies, protected health information directly relevant to that person’s involvement in the individual’s care or payment for care. This provision, for example, allows a pharmacist to dispense filled prescriptions to a person acting on behalf of the patient. Similarly, a covered entity may rely on an individual’s informal permission to use or disclose protected health information for the purpose of notifying (including identifying or locating) family members, personal representatives, or others responsible for the individual’s care of the individual’s location, general condition, or death. In addition, protected health information may be disclosed for notification purposes to public or private entities authorized by law or charter to assist in disaster relief efforts.

(4) Incidental Use and Disclosure. The Privacy Rule does not require that every risk of an incidental use or disclosure of protected health information be eliminated. A use or disclosure of this information that occurs as a result of, or as “incident to,” an otherwise permitted use or disclosure is permitted as long as the covered entity has adopted reasonable safeguards as required by the Privacy Rule, and the information being shared was limited to the “minimum necessary,” as required by the Privacy

(5) Public Interest and Benefit Activities. The Privacy Rule permits use and disclosure of protected health information, without an individual’s authorization or permission, for national priority purposes. These disclosures are permitted, although not required, by the Rule in recognition of the important uses made of health information outside of the health care context. Specific conditions or limitations apply to each public interest purpose, striking the balance between the individual privacy interest and the public interest need for this information.

Required by Law. Covered entities may use and disclose protected health information without individual authorization as *required by law* (including by statute, regulation, or court orders).



Public Health Activities. Covered entities may disclose protected health information to:

- (1) public health authorities authorized by law to collect or receive such information for preventing or controlling disease, injury, or disability and to public health or other government authorities authorized to receive reports of child abuse and neglect;
- (2) entities subject to FDA regulation regarding FDA regulated products or activities for purposes such as adverse event reporting, tracking of products, product recalls, and postmarketing surveillance;
- (3) individuals who may have contracted or been exposed to a communicable disease when notification is authorized by law; and
- (4) employers, regarding employees, when requested by employers, for information concerning a work-related illness or injury or workplace related medical surveillance, because such information is needed by the employer to comply with the Occupational Safety and Health Administration (OHS), the Mine Safety and Health Administration (MHS), or similar state law.

Victims of Abuse, Neglect or Domestic Violence. In certain circumstances, covered entities may disclose protected health information to appropriate government authorities regarding victims of abuse, neglect, or domestic violence.

Health Oversight Activities. Covered entities may disclose protected health information to health oversight agencies (as defined in the Rule) for purposes of legally authorized health oversight activities, such as audits and investigations necessary for oversight of the health care system and government benefit programs.

Judicial and Administrative Proceedings. Covered entities may disclose protected health information in a judicial or administrative proceeding if the request for the information is through an order from a court or administrative tribunal. Such information may also be disclosed in response to a subpoena or other lawful process if certain assurances regarding notice to the individual or a protective order are provided.



Arizona Golden retriever LLC

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Law Enforcement Purposes. Covered entities may disclose protected health information to law enforcement officials for law enforcement purposes under the following six circumstances, and subject to specified conditions:

- (1) as required by law (including court orders, court-ordered warrants, subpoenas) and administrative requests;
- (2) to identify or locate a suspect, fugitive, material witness, or missing person;
- (3) in response to a law enforcement official’s request for information about a victim or suspected victim of a crime;
- (4) to alert law enforcement of a person’s death, if the covered entity suspects that criminal activity caused the death;
- (5) when a covered entity believes that protected health information is evidence of a crime that occurred on its premises; and
- (6) by a covered health care provider in a medical emergency not occurring on its premises, when necessary to inform law enforcement about the commission and nature of a crime, the location of the crime or crime victims, and the perpetrator of the crime.

Decedents. Covered entities may disclose protected health information to funeral directors as needed, and to coroners or medical examiners to identify a deceased person, determine the cause of death, and perform other functions authorized by law.

Cadaveric Organ, Eye, or Tissue Donation. Covered entities may use or disclose protected health information to facilitate the donation and transplantation of cadaveric organs, eyes, and tissue.

Research. “Research” is any systematic investigation designed to develop or contribute to generalizable knowledge.³⁷ The Privacy Rule permits a covered entity to use and disclose protected health information for research purposes, without an individual’s authorization, provided the covered entity obtains either:

- (1) documentation that an alteration or waiver of individuals’ authorization for the use or disclosure of protected health information about them for research purposes has been approved by an Institutional Review Board or Privacy Board;
 - (2) representations from the researcher that the use or disclosure of the protected health information is solely to prepare a research protocol or for similar purpose preparatory to research, that the researcher will not remove any protected health information from the covered entity, and that protected health information for which access is sought is necessary for the research; or
 - (3) representations from the researcher that the use or disclosure sought is solely for research on the protected health information of decedents, that the protected health information sought is necessary for the research, and, at the request of the covered entity, documentation of the death of the individuals about whom information is sought.
- A covered entity also may use or disclose, without an individuals’ authorization, a limited data set of protected health information for research purposes (see discussion below). See [OCR “Research” Guidance](#); [NIH Protecting PHI in Research](#).



Serious Threat to Health or Safety. Covered entities may disclose protected health information that they believe is necessary to prevent or lessen a serious and imminent threat to a person or the public, when such disclosure is made to someone they believe can prevent or lessen the threat (including the target of the threat). Covered entities may also disclose to law enforcement if the information is needed to identify or apprehend an escapee or violent criminal.

Essential Government Functions. An authorization is not required to use or disclose protected health information for certain essential government functions. Such functions include: assuring proper execution of a military mission, conducting intelligence and national security activities that are authorized by law, providing protective services to the President, making medical suitability determinations for U.S. State Department employees, protecting the health and safety of inmates or employees in a correctional institution, and determining eligibility for or conducting enrollment in certain government benefit programs.

Workers' Compensation. Covered entities may disclose protected health information as authorized by, and to comply with, workers' compensation laws and other similar programs providing benefits for work-related injuries or illnesses.⁴² See [OCR "Workers' Compensation" Guidance](#)

(6) Limited Data Set. A limited data set is protected health information from which certain specified direct identifiers of individuals and their relatives, household members, and employers have been removed.⁴³ A limited data set may be used and disclosed for research, health care operations, and public health purposes, provided the recipient enters into a data use agreement promising specified safeguards for the protected health information within the limited data set.

Authorized Uses and Disclosures

A covered entity must obtain the individual's written authorization for any use or disclosure of protected health information that is not for treatment, payment or health care operations or otherwise permitted or required by the Privacy Rule. A covered entity may not condition treatment, payment, enrollment, or benefits eligibility on an individual granting an authorization, except in limited circumstances.

An authorization must be written in specific terms. It may allow use and disclosure of protected health information by the covered entity seeking the authorization, or by a third party. Examples of disclosures that would require an individual's authorization include disclosures to a life insurer for coverage purposes, disclosures to an employer of the results of a pre-employment physical or lab test, or disclosures to a pharmaceutical firm for their own marketing purposes.



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All authorizations must be in plain language, and contain specific information regarding the information to be disclosed or used, the person(s) disclosing and receiving the information, expiration, right to revoke in writing, and other data. The Privacy Rule contains transition provisions applicable to authorizations and other express legal permissions obtained prior to April 14, 2003.

Psychotherapy Notes. A covered entity must obtain an individual’s authorization to use or disclose psychotherapy notes with the following exceptions:

- The covered entity who originated the notes may use them for treatment.
- A covered entity may use or disclose, without an individual’s authorization, the psychotherapy notes, for its own training, and to defend itself in legal proceedings brought by the individual, for HHS to investigate or determine the covered entity’s compliance with the Privacy Rules, to avert a serious and imminent threat to public health or safety, to a health oversight agency for lawful oversight of the originator of the psychotherapy notes, for the lawful activities of a coroner or medical examiner or as required by law.

Marketing. Marketing is any communication about a product or service that encourages recipients to purchase or use the product or service.⁴⁹ The Privacy Rule carves out the following health-related activities from this definition of marketing:

- Communications to describe health-related products or services, or payment for them, provided by or included in a benefit plan of the covered entity making the communication;
- Communications about participating providers in a provider or health plan network, replacement of or enhancements to a health plan, and health-related products or services available only to a health plan’s enrollees that add value to, but are not part of, the benefits plan;
- Communications for treatment of the individual; and
- Communications for case management or care coordination for the individual, or to direct or recommend alternative treatments, therapies, health care providers, or care settings to the individual.

Marketing also is an arrangement between a covered entity and any other entity whereby the covered entity discloses protected health information, in exchange for direct or indirect remuneration, for the other entity to communicate about its own products or services encouraging the use or purchase of those products or services. A covered entity must obtain an authorization to use or disclose protected health information for marketing, except for face-to-face marketing communications between a covered entity and an individual, and for a covered entity’s provision of promotional gifts of nominal value. No authorization is needed, however, to make a communication that falls within one of the exceptions to the marketing definition. An authorization for marketing that involves the covered entity’s receipt of direct or indirect remuneration from a third party must reveal that fact. See [OCR "Marketing" Guidance](#).



Limiting Disclosures

A central aspect of the Privacy Rule is the principle of “minimum necessary” use and disclosure. A covered entity must make reasonable efforts to use, disclose, and request only the minimum amount of protected health information needed to accomplish the intended purpose of the use, disclosure, or request. A covered entity must develop and implement policies and procedures to reasonably limit uses and disclosures to the minimum necessary. When the minimum necessary standard applies to a use or disclosure, a covered entity may not use, disclose, or request the entire medical record for a particular purpose, unless it can specifically justify the whole record as the amount reasonably needed for the purpose. See [OCR “Minimum Necessary” Guidance](#).

The minimum necessary requirement is not imposed in any of the following circumstances:

- (a) disclosure to or a request by a health care provider for treatment;
- (b) disclosure to an individual who is the subject of the information, or the individual’s personal representative;
- (c) use or disclosure made pursuant to an authorization;
- (d) disclosure to HHS for complaint investigation, compliance review or enforcement;
- (e) use or disclosure that is required by law; or
- (f) use or disclosure required for compliance with the HIPAA Transactions Rule or other HIPAA Administrative Simplification Rules.

Access and Uses. For internal uses, a covered entity must develop and implement policies and procedures that restrict access and uses of protected health information based on the specific roles of the members of their workforce. These policies and procedures must identify the persons, or classes of persons, in the workforce who need access to protected health information to carry out their duties, the categories of protected health information to which access is needed, and any conditions under which they need the information to do their jobs.

Disclosures and Requests for Disclosures. Covered entities must establish and implement policies and procedures (which may be standard protocols) for *routine, recurring disclosures, or requests for disclosures*, that limits the protected health information disclosed to that which is the minimum amount reasonably necessary to achieve the purpose of the disclosure. Individual review of each disclosure is not required. For non-routine, non-recurring disclosures, or requests for disclosures that it makes, covered entities must develop criteria designed to limit disclosures to the information reasonably necessary to accomplish the purpose of the disclosure and review each of these requests individually in accordance with the established criteria.



Reasonable Reliance. If another covered entity makes a request for protected health information, a covered entity may rely, if reasonable under the circumstances, on the request as complying with this minimum necessary standard. Similarly, a covered entity may rely upon requests as being the minimum necessary protected health information from:

- (a) a public official,
- (b) a professional (such as an attorney or accountant) who is the covered entity's business associate, seeking the information to provide services to or for the covered entity; or
- (c) a researcher who provides the documentation or representation required by the Privacy Rule for research.

Arizona Goldens LLC Specific Privacy Notice

Arizona Goldens LLC ("AZG") follows the above guidelines in relationship to your patient history, health information, billing information. We try to limit disclosure to Business Associates and Business Associate Contracts to the minimum necessary to provide the service contracted to the patient while maintaining the security of your information. We strive to adhere to all Federal, State, and local laws.

Any request of the client to disclose patient information to a third party that AZG does not employ or have a Business Associated contracts with will require a written and signed notification form including the type of information to be provided, entity or individual the information is to be sent, contact information of the recipient of the information, and an authorization to release the information. Please allow 48 hours after receiving the written notice for the information to be compiles and sent.

For program marketing purposes, certain information concerning the patient's initial condition may or may not be used in video, picture, or in-person communication may be referred in general terms. This information includes but not limited to:

- Starting, current, or ending communication levels,
- Information relating to the client's progress in AZG programs,
- Interactions between staff, equipment, and service animals,
- Personal stories about progress from family members,
- Sleeping patterns,
- Behavioral Patterns including progress in treatment of self-stemming, self-injurious behaviors, or repetitive behaviors,

If you, as a client, do not wish for a portion of, or none of the information to be used, referred to, or released please provide written notification of the contested sections to Arizona Goldens LLC P.O. Box 40776 Mesa, AZ 85274-0776.



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Health Insurance Portability & Accountability Act (HIPAA) of 1996 Privacy Notice Acknowledgement

I, the undersigned, do hereby consent and agree that Arizona Goldens LLC (“AZG”), has provided a Privacy notice on my or my child’s rights to medical information, its use, disclosures, and safeguards. I understand that these Procedures and disclosures may change and that AZG will do it’s best to keep me informed of these changes. I agree to the stipulations and procedures outlined in the privacy notice and any non-approved items I will notify AZG in writing to the following address:

**Arizona Goldens LLC
P. O. Box 40776
Mesa, Arizona 85274-0776**

I affirm and agree to the limited release of my or my child’s information to a 3rd party including but not limited to arbitration, donor inquiries, media inquiries, online postings, consumer protection agencies, etc. in response to a claim or dispute. The release of information shall be limited to what is necessary and pertinent to address and satisfy the claim or dispute. If the client wishes to restrict this release of information in the case of a claim or dispute, they should provide a written notification to above address and include a detailed list of the non-approved items. By signing this statement you agree to release or disclose the information in the specific case of a claim or dispute and that this may supersede stipulations, requirements, and protection procedures in the HIPAA or our HIPAA Privacy notice.

I represent that I am at least 18 years of age, and if applicable, legal guardian of the child and have read and understand the foregoing statement, and am competent to execute this agreement.

Signatures Required	
Parent(s) Name: _____	Child Name: _____
Address: _____	
Phone: _____	
Email: _____	
Guardian 1 Signature: _____	Date: _____
Guardian 2 Signature: _____	Date: _____