



Participant's Consent for Release of Information

I hereby authorize: _____
(person or facility)

to release information from the records of: _____ DOB: _____
(participant's name)

The information is to be released to: HorseFriends, Inc. - a therapeutic riding program

for the purpose of developing an equine activity program for the above named participant. The information to be released is indicated below:

- Medical history
- Physical therapy evaluation, assessment and program plan
- Speech therapy evaluation, assessment and program plan
- Mental health diagnosis and treatment plan
- Individual Habilitation Plan (IHP) Classroom
- Individual Education Plan (IEP) Psychosocial
- evaluation, assessment and program plan Cognitive-
- behavioral management plan
- Other: _____

This release is valid for one year and can be revoked, in writing, at my request.

Signature: _____ Date: _____

Print Name: _____

Relation to Participant: _____

Please send materials to: HorseFriends, Inc.

Attn: Sharon Neely

P.O. Box 10211

Greensboro, NC 27404