



A H O R S E C O N N E C T I O N

PARTICIPANT'S CONSENT FOR RELEASE OF INFORMATION

I hereby authorize: _____ (Facility/Person)

To release information from the records of: _____ (Participant Name) whose Date of Birth is: _____.

The information is to be released to: Nancy King, OTR/L for the purpose of developing an Occupational Therapy Program for the above named participant. The information to be released is marked below:

- ____ Medical History
- ____ Occupational Therapy evaluation, assessment and program plan
- ____ Speech Therapy evaluation, assessment and program plan
- ____ Physical Therapy evaluation, assessment and program plan
- ____ Classroom Individual Education Plan (I.E.P.)
- ____ Psychosocial Evaluation, assessment and program plan
- ____ Cognitive-Behavioral Management Plan

Other: _____

A HORSE CONNECTION agrees to maintain all information received in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Family Educational Rights and Privacy Act (FERPA).

Date: _____ **Signature:** _____ (Participant, Parent or Legal Guardian)

Please send materials to:
Nancy King
A HORSE CONNECTION
PO Box 473
Saugerties, NY 12477 • (845) 417-4646