



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