



SHERLOCK FARMS

Client's Consent for Release of Information

I hereby authorize: _____
(person or facility)

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

This information is to be released to Sherlock Farms Therapeutic Riding for the purpose of developing an equine activity program for the above named client. The information to be released is indicate 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 (I.H.P.)
- Classroom Individual Education Plan (I.E.P.)
- 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 Client: _____

Please send materials to:

SFTR.

7317 Avenue P

Santa Fe, TX 77510

Attn: Sheri Holmes, Program Director

2/4/117