

PARTICIPANT'S CONSENT FOR RELEASE OF INFORMATION

I hereby authorize _____
(person or facility)

to release information from the records of _____ D.O.B. _____
(participant's name)

This information is to be released to Two Bear Therapeutic Riding Center 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: _____

Relationship to Participant: _____

Please send materials to Two Bear Therapeutic Riding Center
1700 KM Ranch Road
Whitefish, MT 59937