



DREAM a DREAM THERAPEUTIC HORSEMANSHIP  
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### **PARTICIPANT'S CONSENT for RELEASE of INFORMATION**

This page is to be used when you are authorizing a person or facility to release information to D.a.D.T.H. or if you are authorizing D.a.D.T.H. release information to another person or facility.

I hereby authorize: \_\_\_\_\_

*(person or facility)*

To release information from the records of: \_\_\_\_\_ DOB: \_\_\_\_\_

*(participant's name)*

The information is to be released to: \_\_\_\_\_

*(center or therapist's name)*

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
- \_\_\_\_\_ Occupational 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: \_\_\_\_\_ Date: \_\_\_\_\_

Relation to Participant: \_\_\_\_\_

Please send materials to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_