

# Renew TRC Participant's Consent for Release of Information

I hereby authorize: \_\_\_\_\_  
(*person or facility*)

to release information from the records of: \_\_\_\_\_ DOB: \_\_\_\_\_  
(*participant's name*)

The information is to be released to: Renew Therapeutic Riding Center, Holland, Michigan  
(*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
- 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: \_\_\_\_\_

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

Please send materials to: Renew TRC

4271 60<sup>th</sup> Street

Holland, MI 49423

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