

CONSENT FOR RELEASE OF INFORMATION

To be completed by the participant, parent or legal guar

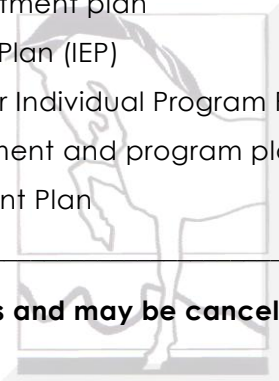
RCTRC, INC.
Administrative Offices and Facilities:
RR 3 Box 397
Milton, WV 25541
(304) 743-5267
<http://rctrc.org>

I hereby authorize: _____
(PERSON OR FACILITY)

to release information from the records of: _____ DOB: _____
(CLIENT'S NAME)

The information is to be released to **RCTRC, Inc.** for the purpose of developing an intervention/therapy plan that is consistent with all other interventions for the above named client. The information to be released is marked below:

- Medical History
- Physical Therapy evaluation, assessment and current treatment plan
- Occupational Therapy evaluation, assessment and current treatment plan
- Speech Therapy evaluation, assessment and current treatment plan
- Mental Health diagnosis and treatment plan
- Classroom Individual Educational Plan (IEP)
- Individual Habilitation Plan (IHP) or Individual Program Plan (IPP)
- Psychological evaluation, assessment and program plan
- Cognitive-Behavioral Management Plan
- Other: _____



This authorization is good for 90 days and may be cancelled at anytime should written notice be given to RCTRC, Inc.

Signature: _____ Date: _____

Printed Name: _____

Relationship to Participant: _____

Send Materials to: River Cities Therapeutic Riding Center, Inc.
c/o Golden-Aire Farm
RR3 Box 397
Milton, West Virginia 25541