



R.O.C.K., Ride On Center for Kids
 PO Box 2422 Georgetown, TX
 78627
 (512) 930-7625 office
 (512) 863-9231 fax
 www.rockride.org



R.O.C.K., Ride On Center for Kids
Notice for Release / Consent to Request Confidential Information

Client's name	Date of Birth	Date Signed
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We are asking that you authorize the person or agency listed below to release/to request specified records containing confidential information regarding the above-named client to the following R.O.C.K. staff:

Information to be Released:

() To () From

 Name and Position

 School/Agency

 Address

 City State Zip

Information to be Released:

() To () From
 R.O.C.K. Ride On Center for Kids
 2050 CR 110
 Georgetown, TX 78627
 (512) 930-ROCK (512) 930-7625
 For more information, please call:

 (R.O.C.K. Staff Person)
 Purpose of disclosure:
 The continuum of care during Equine Assisted Therapy

Records to be released/records requested:

- | | |
|---|---|
| <input type="radio"/> Medical / Physical Examination
<input type="radio"/> Diagnosis / Recommendations
<input type="radio"/> Speech / Language Assessment
<input type="radio"/> Physical Therapy Assessment
<input type="radio"/> Discharge Summary | <input type="radio"/> ARD / IEP Records
<input type="radio"/> Comprehensive Individual Assessment
<input type="radio"/> Treatment / Progress Notes
<input type="radio"/> Diagnostic / Psychological Testing Results
<input type="radio"/> Other |
|---|---|

Please check the appropriate boxes below:

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> yes | <input type="checkbox"/> no | I have been fully informed and understand R.O.C.K. Ride On Center for Kids' request for my consent as described above. This information will be released/requested upon receipt of my written consent. |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | I understand that this authorization will remain in effect from _____ until _____ (not to exceed 1 year) |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | I understand that my consent is voluntary and may be revoked at any time. |

_____	_____
Signature of Parent/Guardian/Adult Client	Date

Printed Name of Parent/Guardian/Adult Client	

Signature of Witness	Date