



**TAMU Courtney Grimshaw
Equine Therapeutic Program**
3748 F&B Rd., College Station, TX 77840
Nancy Krenek, (936) 245-4489
info@courtneycares.org
Fax: (512) 863-9231 Attn: Nancy



**TAMU Courtney Grimshaw Equine Therapeutic Program
Notice for Release / Consent to Request Confidential Information**

Client's name _____ Date of Birth _____ Date Signed _____

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 Courtney Cares staff:

Information to be Released:

() To () From

Name and Position

School/Agency

Address

City State Zip

Information to be Released:

() To () From

TAMU Courtney Grimshaw Equine Therapeutic Program

3748 F&B Rd.
College Station, TX 77840
(936) 245-4489

For more information, please call:

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

Please check the appropriate boxes below:

- yes no I have been fully informed and understand Courtney Cares' request for my consent as described above. This information will be released/requested upon receipt of my written consent.
- yes no I understand that this authorization will remain in effect from _____ until _____ (not to exceed 1 year)
- yes 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