



**TAMU Courtney Grimshaw
Fowler Equine Therapeutic
Program**

PO Box 3266, College Station, TX 77841
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**TAMU Courtney Grimshaw Fowler 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 Fowler Equine Therapeutic Program

PO Box 3266
College Station, TX 77841
(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:

- Medical / Physical Examination
- Diagnosis / Recommendations
- Speech / Language Assessment
- Physical Therapy Assessment
- Discharge Summary
- ARD / IEP Records
- Comprehensive Individual Assessment
- Treatment / Progress Notes
- Diagnostic / Psychological Testing Results
- 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