



P.O. Box 405
Redwood Valley, CA 95470
(707) 391-3873

Consent to Exchange Confidential Information

I _____ authorize the exchange of information described below between Seabiscuit Therapeutic Riding Center (STRC) and the following agencies and/or individuals.

Please check ALL that apply:

- None
- Primary Care Physician
- Specialist Physician
- Parent / Guardian
- Physical Therapist
- Occupational Therapist
- Speech Therapist
- Psychotherapist
- Teacher/Educator
- Other: _____

This authorization applies to the following information (check each line that applies):

- Educational Data / IEP
- Social / Developmental
- Psychological
- Vision
- Speech / Language
- Audiological
- Medical
- Progress Notes
- Goals
- Redwood Coast Regional Center IPP
- Contact Information
- Other: _____

Expiration: This authorization is ongoing unless canceled in writing by the client.

Restrictions: Providers who receive this information may not release it to someone else unless another authorization form is signed.

Your Rights: You may refuse to sign this form. You may cancel it at any time by informing Seabiscuit Therapeutic Riding Center in writing. If you cancel your permission to allow the release of information about you/your child, it will go into effect immediately (unless someone already released information). You have the right to receive a copy of this authorization.

Printed Name: _____ Date: _____

Signature: _____