



## Consent for Release of Confidential Information

I, \_\_\_\_\_ hereby authorize and request that  
(client) \_\_\_\_\_ may release to

### PBJ Connections, Inc.

the following information (please check the allowable information):

- |   |  |
|---|--|
| <input type="checkbox"/> Admission for treatment  | <input type="checkbox"/> Diagnosis                     |
| <input type="checkbox"/> Psychiatric Evaluation   | <input type="checkbox"/> Psychological testing results |
| <input type="checkbox"/> Psychosocial Assessment  | <input type="checkbox"/> Treatment Plan                |
| <input type="checkbox"/> Treatment Progress Notes | <input type="checkbox"/> Discharge Summary             |
| <input type="checkbox"/> Physician Orders         | <input type="checkbox"/> Other _____                   |

The purpose of this disclosure is for the development of an Equine Facilitated Psychotherapeutic plan and program. I understand that this authorization will remain in effect until

\_\_\_\_\_ (specify date which is not to exceed 12 months).

This information will be released in the following format (verbal per telephone, electronic, via mail, hand carried): \_\_\_\_\_

Pursuant to Federal Regulations, this information will not be forwarded to any other provider or agent.

Client \_\_\_\_\_ Date \_\_\_\_\_

Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Referring Therapist \_\_\_\_\_ Date \_\_\_\_\_

Address of Therapist \_\_\_\_\_