**144**

**PATH Intl. Standards for Certification & Accreditation**

**2018**

**Equine-Facilitated Psychotherapy**

**Consent for Release of Confidential Information**

I,

, hereby authorize and request that

*(client)*

may release to

*(mental health professional)*

*(center name)*

the following information (please check the allowable information):

  



Admission for Treatment

Psychiatric Evalution Treatment Progress Notes Physician Orders

  



Diagnosis

Psychological Testing Results

Discharge Summary

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, 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 Mental Health Professional

Date

Address of Mental Health Professional