



## GREENLOCK THERAPEUTIC RIDING CENTER, Inc.

55 Summer Street – Rehoboth, MA 02769

Telephone: (508) 252-5814

### Participant's Consent for Release of Information

#### I hereby authorize:

Greenlock Therapeutic Riding Center, 55 Summer Street, Rehoboth, MA 02769, to release information from the records of:

\_\_\_\_\_  
Client Name (as appears on RI Dept of HS Medical Assistance Card)

DOB: \_\_\_\_\_ RI Dept of HS Medical Assistance MID#: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Diag Code: (office use) \_\_\_\_\_

Client Address: \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

The information to be released upon request to Rhode Island Department of Human Services Medical Assistance Program for the purpose of invoicing PT, OT, and/or SLP services rendered at Greenlock Therapeutic Riding Center to above-named client are indicated below:

- Medical History
- Physical Therapy evaluation, assessment and program plan
- Occupational Therapy evaluation, assessment and program plan
- Speech Therapy evaluation, assessment and program plan
- Mental Health diagnosis and treatment plan
- Individual Habilitation Plan (I.H.P.)
- Classroom Individual Education Plan (I.E.P.)
- Psychosocial evaluation, assessment and program plan
- Cognitive-Behavioral Management Plan
- Other: \_\_\_\_\_

This Consent for Release of Information form also authorizes Greenlock Therapeutic Riding Center to directly invoice the Rhode Island Department of Human Services Medical Assistance Program for PT, OT, and/or SLP services rendered.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Relation to Participant: \_\_\_\_\_