



**THE RIGHT STEP, INC.**  
THE HEALING POWER OF HORSES  
A PATH Intl. Premier Therapeutic Riding Program

### Client's Consent for Release of Information

I hereby authorize: \_\_\_\_\_  
(person or facility)

to release information from the records of: \_\_\_\_\_ DOB: \_\_\_\_\_  
(client's name)

This information is to be released to The Right Step, Inc. for the purpose of developing an equine activity program for the above named client. The information to be released is indicate below:

- Medical history
- Physical 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 release is valid for one year and can be revoked, in writing, at my request.

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

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

Relation to Client: \_\_\_\_\_

Please send materials to: The Right Step, Inc.  
P.O. Box 721  
Littleton, CO 80160-0721  
Attn: Sheryl Clossen, Program Director