HIGHER GROUND HEALING
Equine Assisted Therapy

• 23776 Cody Park Rd, Golden CO 80401, Phone (720) 266-8265 , Fax (720) 294-0352, info@highergroundhealing.org

AUTHORIZATION CONSENTING TO RELEASE OF INFORMATION

I,_____ authorize Higher Ground Healing to release information, verbally or in writing, related to clinical treatment with the person(s)/entities named below; and/or to receive any relevant information from the person(s)/entities named below:

_____
_____
_____
_____
_____

I authorize this/these release(s) for the following reason(s):

_____
_____
_____
_____
_____

This consent may be revoked at any time. This consent shall be in effect for three (3) years from the date of the last session, unless revoked or renewed. I acknowledge that I have the authority to authorize such release of information related to the treatment of the person(s)/entities named herein.

SIGNATURES:

_____
Print Client's name Date

_____
Client's or Responsible Party's Signature

If signed by Responsible Party, please state relationship to client and authority to consent

_____