Unbroken Equine-Facilitated Healing
1025 County Rd. 463
Elgin, TX 78621
(512) 309-5020
www.unbroken.org

AUTHORIZATION FOR RELEASE OF INFORMATION

Client Name: _____

I authorize Unbroken to verbally share information concerning the above named client with:

_____

in an effort to maintain and promote the quality of continuity of care and/or for the purpose of coordinating services.

I understand that members of the Unbroken treatment team may share information and consult with one another regarding the named client under their care without this completed consent form.

I understand that all information relating to the client shall remain confidential unless:

1. as indicated above, information and/or consultation is requested by a member of the Unbroken team;
2. as identified above, release is authorized by the client (or through parent/legal guardian if client is a minor);
3. release is authorized or ordered by the court; or,
4. information is that which must be divulged under the law.

I understand that the written documentation and/or case file will only be released under court subpoena.

I understand that when requesting information Unbroken will need to identify the client by name and identify him/her as a client of Unbroken. Unbroken has my permission to do so.

I understand that I may revoke this Authorization for Release of Information at any time by notifying Unbroken in writing.

_____ _____
Signature of client/parent/guardian Date

_____ _____
Signature of Unbroken Staff Date