

Unbridled Ways  
Heart and Heritage Stables  
154 Baldwin Road  
Charlotte, VT 05445  
802.238.8063

Informed Consent for Release of Information

Client Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

In order to facilitate evaluation and/or treatment, I authorize Marley Donaldson of Unbridled Ways to disclose information and to request information from :

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

Organization/Primary Care Practice: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Restrictions, if any: \_\_\_\_\_

I also understand that I may revoke this consent at any time by notifying the above named clinician in writing, except to the extent that action has already been taken based on my previous consent.

I have read this form and certify that I understand its contents.

Signature of client: \_\_\_\_\_

Signature of parent/guardian (if client is under 18): \_\_\_\_\_

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