



293 Byrd Mill Road • Louisa, VA 23093 • Phone 540-223-0837 • Fax 540-967-2648

CONSENT TO EXCHANGE INFORMATION

I, _____, am signing this form for
(Full printed name of consenting person(s))

(Full printed name of client)

(Client's Address)

(Client's Birth Date)

(Client's SSN-Optional)

My relationship to the client is: Self Parent Power of Attorney Guardian
 Other Legally Authorized Representative

I want the following confidential information about the client to be exchanged:

Yes No

- Assessment Information
- Financial Information
- Benefits/Services Needed
Planned and/or Received

Yes No

- Medical Diagnosis
- Mental Health Diagnosis
- Medical Records
- Psychological Records

Yes No

- Educational Records
- Psychiatric Records
- Criminal Justice Records
- Employment Records

I want Cedar Row Farm, LLC, 293 Byrd Mill Rd, Louisa, VA, 23093
Contact Aleta Strickland telephone 540-223-0837, fax 540-967-2648, e-mail cedarrowequine@gmail.com

And the following other agencies or persons to be able to exchange this information:

I want this information to be exchanged ONLY for the following purpose(s):

- Service Coordination and Treatment Planning
- Eligibility Determination

Other: _____

Information may be exchanged by written, computerized and verbal methods.

This consent is good until _____.

Signature(s): _____
(Consenting Person or Persons) (Date)

Person Explaining Form: _____
(Name) (Title) (Phone Number)

Witness (if required): _____
(Signature) (Address) (Phone Number)