



# Kids in Motion

Therapy Services

Kathylyn Barnhill, P.T.

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Tobaccoville, NC 27050

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## HIPPA Release Form

I \_\_\_\_\_, parent/guardian of

\_\_\_\_\_

give permission for Kathylyn Barnhill PT, Owner of Kids in Motion Therapy Services, to discuss and/or receive medical information including medical records and or Physical Therapy documentation concerning the above named client, by a doctor, physical, occupational or speech therapist, or other medical professional. This information may also be reviewed by staff members of Riverwood Therapeutic Riding Center. Certain information, necessary to insure the safety of hippotherapy students, will be provided to volunteers of Riverwood Therapeutic Riding Center. This release is required to obtain medical information according to the privacy rule detailed in HIPPA (The Health Insurance Portability and Accountability Act of 1996).

Client's Name: \_\_\_\_\_

Client's Date of Birth: \_\_\_\_\_

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

Parent/Guardian's Signature: \_\_\_\_\_

Parent/Guardian's Name (Printed): \_\_\_\_\_

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