



# Consent to Release or Obtain Information Form

*Bannan Enterprise LLC/ DBA Heart Horses*

This is a consent for release of information about: \_\_\_\_\_  
(Name of Client)

\_\_\_\_\_  
(Date of Birth)

I authorize \_\_\_\_\_  
(Name of Provider Agency)

to release or obtain (circle one) the following specific information: \_\_\_\_\_  
\_\_\_\_\_

This information may be used only for the purpose of: \_\_\_\_\_  
\_\_\_\_\_

I understand I have the right to see this information at any time. I understand that I can revoke this consent in writing to both the person giving and the person receiving the information. Any information already released may be used as stated on the consent. I understand the requested or provided information is relation to my mental or physical health care. This consent is valid only until:

\_\_\_\_\_  
(Date Consent Expires)

This consent is not automatically renewable. It expires automatically at the end of the period specified unless revoked in writing sooner. By my signature below, I affirm that I have read this release or it has been read to me, and I understand its content.

\_\_\_\_\_  
Client's signature (circle one) (Date)

\_\_\_\_\_  
Client's current, mailing or former address

\_\_\_\_\_  
Consent Witnessed By: (Staff signature if different from witness)

***Prohibition on re-disclosure: This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations prohibit further disclosure without specific written consent from the person to who it pertains.***

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