Consent for Release of Confidential Information

I, _____, hereby authorize _____ to release confidential information regarding myself to:

Recipient Name: _____

Recipient Address: _____

The information to be disclosed includes (check all that apply):

- ☐ Medical Records
- ☐ Mental Health Records
- ☐ Substance Use Records
- ☐ Other (specify): _____

Purpose of Disclosure: _____

I understand that this consent is voluntary and may be revoked at any time. Unless revoked earlier, this consent will expire on: _____ .

Signature: _____

Date: _____