

Mental Health Consent to Release Information Form

This **mental health consent to release information form** sample provides a clear and legally compliant template for authorizing the sharing of sensitive personal health details. It ensures that individuals maintain control over who can access their mental health records, promoting privacy and confidentiality. Using this form helps facilitate communication between healthcare providers while respecting patient rights.

Patient Information

Full Name:

Date of Birth:

Address:

Release Authorization

I authorize the release of my mental health information to:

Name or organization

From (Name of provider or facility):

Information to be released (please specify):

Purpose of release:

Consent & Expiration

☐ I understand that this consent is voluntary and may be withdrawn at any time in writing, but that information released prior to revocation may not be recalled.

This consent expires on:

Signature

Signature of Patient (or Legal Guardian):

Date:

Submit

This sample form is for informational purposes only and should be reviewed by a legal professional to ensure compliance with local laws and regulations.