

PsychRights®

Law Project for
Psychiatric Rights, Inc.

CONSENT FOR RELEASE OF INFORMATION

TO: _____

I, _____, born
_____, Social Security Number _____,
hereby authorize and direct you, to:

- (1) communicate with _____
(Releasee) about my situation,
- (2) answer all of Releasee's questions about same, and
- (3) send copies of all documents pertaining to me requested by
Releasee in your possession to Releasee at _____
_____.

The purpose of this disclosure is for Releasee to _____.
_____. I understand the
information being disclosed may otherwise be subject to redisclosure
and may no longer be protected under the regulations.

I understand that my records are protected under federal
confidentiality regulations and cannot be disclosed without my written
consent unless otherwise provided for in the regulations. I also
understand that I may revoke this consent at any time except to the
extent that action has been taken in reliance on it (e.g. probation, parole,
etc.) and that in any event this consent expires at the earlier of
_____, or 180 days from now.

Executed this _____ day of _____, 200__.
