

## CONSENT FOR RELEASE OF INFORMATION

**TO:** \_\_\_\_\_

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

- (1) communicate with James B. Gottstein of the Law Project for  
Psychiatric Rights (PsychRights),
- (2) answer all of PsychRights questions, and
- (3) provide copies of \_\_\_\_\_  
\_\_\_\_\_ to PsychRights.

The purpose of this consent is \_\_\_\_\_

\_\_\_\_\_.

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.<sup>1</sup> 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.

A copy hereof, shall be effective.

Executed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

\_\_\_\_\_

<sup>1</sup> I also understand the information being disclosed may be subject to redisclosure and may no longer be  
protected under the regulations.