

# Confidentiality Release Statement

Date: [Insert Date]

To whom it may concern,

I, [Your Name], hereby authorize the release of confidential information regarding my [medical, financial, legal, etc.] records to [Recipient's Name/Organization].

This release is made in accordance with applicable laws and regulations and is intended for the purposes of [state purpose, e.g., evaluation, treatment, etc.].

I understand that this information may include sensitive details and I am providing my consent willingly.

Signature: \_\_\_\_\_

Name: [Your Name]

Contact Information: [Your Phone Number / Email]

Thank you for your attention to this matter.

Sincerely,

[Your Name]