

# Authorization for Mental Health Treatment

Date: \_\_\_\_\_

To Whom It May Concern,

I, [Your Full Name], residing at [Your Address], hereby authorize [Therapist/Provider's Name] of [Facility/Practice Name], located at [Facility Address], to provide mental health treatment to my [relationship, e.g., child, spouse, etc.], [Recipient's Full Name].

This authorization includes, but is not limited to, the following services:

- Assessment and diagnosis
- Counseling and therapy sessions
- Medication management
- Any other necessary mental health services

This authorization is valid from [Start Date] until [End Date] or until revoked in writing by me.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Phone Number]

[Your Email Address]