

Authorization Letter for Mental Health Treatment

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], born on [Your Date of Birth], hereby authorize [Provider's Name] of [Provider's Facility/Practice Name] to provide mental health treatment for me.

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

- Individual therapy sessions
- Group therapy sessions
- Medication management

I understand that this authorization is valid until I revoke it in writing.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Address]

[Your Phone Number]