

Authorization Letter for Mental Health Support Services

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], hereby authorize [Mental Health Professional's Name or Organization], located at [Address], to provide mental health support services for [Recipient's Name], who is my [relationship to recipient].

This authorization grants permission to share necessary information pertaining to the mental health assessment, treatment plans, and any relevant medical records as required for the provision of these services.

This authorization is valid until [Insert Expiration Date], unless revoked by me in writing prior to that date.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Address]

[Your Phone Number]

[Your Email]