

Authorization Letter for Substance Abuse Treatment

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], hereby authorize [Treatment Facility Name] to provide substance abuse treatment services for [Patient's Name], who is my [relationship, e.g., son, daughter, etc.].

Patient's Date of Birth: [Insert DOB]

Address of Patient: [Insert Patient's Address]

This authorization includes, but is not limited to, the following services: assessment, counseling, therapy, and any necessary medical interventions related to substance abuse treatment.

I understand that I have the right to revoke this authorization at any time by providing written notice.

Please feel free to contact me at [Your Phone Number] or [Your Email] should you require further information or clarification.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Address]

[Your Phone Number]

[Your Email]