

Commonwealth of Massachusetts  
Department of Mental Health  
**Authorization for Release of  
Psychotherapy Notes**  
Two Way

**1. Patient/Applicant Information**

Name: \_\_\_\_\_ Other Names: \_\_\_\_\_  
Street: \_\_\_\_\_ APT.#: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Phone : \_\_\_\_\_

**2. Authorization to Release:** I authorize the Department of Mental Health (DMH) to receive and release **Psychotherapy Notes**, from or to the Person, Agency or Facility named below, either verbally or in writing.

Person, Agency or Facility (e.g., name and address of hospital, outpatient provider, residential program, other)

Name: \_\_\_\_\_  
Attention: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/Town: \_\_\_\_\_  
State/Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

DMH Contact Information:

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/Town: \_\_\_\_\_  
State/Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**3. Dates of the psychotherapy notes you want shared: (Specify dates)**

Dates of Requested Information: From: \_\_\_\_\_ To: \_\_\_\_\_

**4. Purpose of the Release: (must check one)**

- Personal Use     Coordinate care     Referral     Facilitate billing  
 Obtain insurance, financial or other benefits  
 Other purpose (please specify): \_\_\_\_\_

I understand that:

- I have a right to revoke this authorization at any time.
- If I revoke this authorization, I must do so in writing and present it to DMH at the DMH address identified above or the DMH office in my area. (Find DMH area offices at [www.mass.gov/dmh-offices-facilities-and-staff-directory](http://www.mass.gov/dmh-offices-facilities-and-staff-directory); call 1-800-221-0053; or email [dmhinfo@MassMail.State.MA.US](mailto:dmhinfo@MassMail.State.MA.US).)
- The revocation will not apply to information that has already been released pursuant to this authorization.
- The revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.

