

Enhancing Lives, Promoting Independence, Embracing Recovery

RECORDS RELEASE

RELEASED TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 RE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consumer’s Name Birthdate

ATTENTION: Recipient of Records

Enclosed are copies of material which you requested from the record of an individual served by Sanilac County CMH.

In accordance with Section 748 of the Mental Health Code, ACT 258, it is your responsibility to ensure that this information is used only for the authorized purpose for which the information was released to you.

Michigan’s Mental Health Code

330.1748 CONFIDENTIALITY

SEC. 748 (3) “Any person receiving information made confidential by this section shall disclose

 the information to others only to the extent consistent with the authorized

 purpose for which the information was obtained.”

Information Released:

RELEASED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE**: **This form is meant to be printed on Agency letterhead.**

Reviewed by Policy Committee – 09/21/2023 Form # 0144