



# PEOPLE WHO SUPPORT ME AUTHORIZATION\*

Client Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

We, at Western Montana Mental Health Center, understand the important role families and friends play in our lives and in our healthcare. To support the role your family members and friends have in your care, we would like to understand who they are and how to reach them. We also wish to understand how much you would like us to share with them.

Name	Relationship	Contact Number	What to Share
			<input type="checkbox"/> updates (example: appointment dates, summary of progress) <input type="checkbox"/> diagnosis <input type="checkbox"/> everything <input type="checkbox"/> involvement in treatment planning <input type="checkbox"/> other: _____
			<input type="checkbox"/> updates (example: appointment dates, summary of progress) <input type="checkbox"/> diagnosis <input type="checkbox"/> everything <input type="checkbox"/> involvement in treatment planning <input type="checkbox"/> other: _____
			<input type="checkbox"/> updates (example: appointment dates, summary of progress) <input type="checkbox"/> diagnosis <input type="checkbox"/> everything <input type="checkbox"/> involvement in treatment planning <input type="checkbox"/> other: _____

By completing and signing this form, you are informing WMMHC of the individuals with whom **we may share information about you** as described above. You may revoke this authorization at any time. You may also decline to provide any names of individuals with whom we may communicate and still receive care.

Regardless of the above, this individual is my **emergency contact** should you need to reach me and cannot do so after reasonable attempts.

Name:	Relationship	Contact number
-------	--------------	----------------

CLIENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

(\*Instructions to staff on next page)

**Revocation of Receiving information about me**  
 I no longer wish to have \_\_\_\_\_ receive any information about me.  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*INSTRUCTIONS to STAFF PERSON RECEIVING THIS INFORMATION:**

1. Upload document to Client > Client Information > Personal Information > All Materials Collected > Add new event and select People Who Support Me; Description will be relationship from form above
2. Add emergency contact to Collateral area

---

**We are here to provide access to hope, meaningful life choices and better outcomes.**

Administrative Office: 1321 Wyoming Street Missoula, MT 59801 • (406) 532.8400 • (406) 356.5213 (fax)