

INFORMATION RELEASE

I, _____, understand that during the course of my treatment at Sanctuary House, my family may be involved in meetings with me and my treatment team periodically. I also understand that occasionally my treatment team may consider it in my best interest to update or inform my family of my current status or of an aspect of my treatment plan. I also understand that my psychiatrist, Dr. _____, is part of the Sanctuary House Treatment Team and may contact my family under the same conditions.

I shall be informed when such contact occurs. I understand also that my wishes will be respected regarding such communication and that I may notify staff in advance if I wish certain information to remain confidential.

(Patient Signature)

Date

(Witness Signature)

Date